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ABSTRACT

The Media and Disabilities section of the Proceedings contains the following 5 papers: "Wrestling with Stereotypes: Images of the Mentally Ill in the WWF" (Marie Hardin and Brent Hardin); "Investigating Media Influence on Attitudes Toward People with Disabilities and Euthanasia" (Kimberly A. Lauffer and Sarah Bembry); "Print Advertising Images of the Disabled: Exploring the Impact on Nondisabled Consumer Attitudes" (Zenaida Sarabia Panol and Michael McBride); "Creating a Virtual Television Culture: Using Actors and Models to Reflect Desired Perceptions in Primetime Television Advertising" (Dennis J. Ganahl); and "Disability Visibility: Cartoon Depictions of Bob Dole" (Gene Burd). (RS)

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Media & Disabilities

Running head: Professional Wrestling

Wrestling with Stereotypes:

Images of the Mentally Ill in the WWF

Marie Hardin
Florida Southern College

Brent Hardin
Florida State University

AEJMC National Convention, New Orleans
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Abstract

This study examines the stereotypes and symbols used in reference to individuals with mental illness or mental disabilities in professional wrestling. After using qualitative methods to analyze more than 30 hours of 1998-99 World Wrestling Federation pay-per-view specials, researchers concluded that stereotypes used to characterize the mentally ill and disabled, while not vastly different from those already seen in prime time, are harmful and exaggerate negative images of these groups.

Wrestling with Stereotypes

With apologies to Elton John, millions of television viewers across the United States are finding that Sunday and Monday nights -- and any night of the week, for that matter -- work perfectly all right for fighting (Cooper, 1998). Professional wrestling, often called the "male soap opera" and sporting only a veneer of athleticism, has surged to tremendous popularity during the last several years. Tickets for wrestling shows across the country often sell out faster than rock concerts, and of the 15 top shows on cable, eight are of wrestling (Albano, 1999). Cable's two most popular wrestling programs, the World Championship Wrestling (WCW) "Monday Night Nitro" and World Wrestling Federation "Raw is War" on Monday nights, capture almost 10 million viewers each Monday night, a 36 percent increase since 1997 (Newman, 1998). Wrestling draws vast audiences, and audiences advertisers want: mostly males, ages 12 to 60 years old (Twitchell, 1992), along with larger and larger numbers of children and college-aged viewers. The WCW estimates that its core business is about $200 million; the WWF claims gross earnings of $500 million ("Stone Cold," 1999), including revenues from sales of videos, music and other promotional items. The WWF, which would cease to exist without children in its audience ("Pro Wrestling's Hold," 1999), consistently outdoes WCW in Monday night ratings. The WWF has mastered the lucrative pay-per-view domain, using its weekly cable shows as infomercials for its hours-long Sunday night extravaganzas almost every month (Newman, 1998). These events drew more than $150 million in revenues last year (Umstead, 1998). One reason the WWF has dominated the wrestling war with WCW is its willingness to go to "wretched excess;" the WWF is considered a much richer program, in terms of its in-your-face use of stereotypes and graphic content (Newman, 1998).

No matter the network, stereotypes are an integral part of wrestling's appeal; few other rituals in American culture equal wrestling in its range of symbols and stereotypes (Ball, 1990). Wrestling has often been characterized as an explicitly dramatic form of entertainment -- comparable to the soap opera (Mondak, 1989). Wrestling has also been compared to a carnival, because it insists on relying on the exaggeration of physical sensations and emphasis on the body (Campbell, 1996). The physical build of a wrestler is an important part of that wrestler's stereotype; for instance, the flabby, lumbering and ugly wrestlers represent the evil side of human nature, and the virile, muscular, agile wrestlers represent the good side (Ball, 1990). Other physical signifiers, such as mannerisms and wrestling tactics, are also used to reinforce wrestler stereotypes, which have traditionally included the villain, the sonofabitch, the ladies man, the working-class hero and the foreign menace (Ball, 1990).

Images of Mental Illness

The stereotype of the mentally ill or retarded wrestler in many ways has been part of the wrestling spectacle for decades (Ball, 1990). Wrestling, which has ancient roots and has cycled in and out of popularity since the early 1900s, has traditionally embraced the Afreak show@ element to attract fans. Said one promoter, in 1938: "Freaks I love and they're my specialty. I am very proud of my monstrosities. You can't get a dollar with a normal looking guy, no matter how good he can wrestle" (Ball, 1990).

"Uglies," as they were called, became extremely popular after World War II with the advent of television, which led professional wrestling to rely more on the storyline and stereotype for dramatic punch than it had before (Morton, 1985). Uglies were, with purposeful ironic humor, referred to as "angels" by commentators. Maurice Tillet, one of the first uglies, suffered from facial disfigurement that was said to have been caused by some kind of glandular dysfunction; he had been a circus actor in England, where he was billed as "a ferocious monstrosity, not a human being" (Albano, 1998).

The distinction between the mentally ill and the mentally retarded person is often blurred in wrestling. Those with mental disabilities are often represented as violent or having schizophrenia or other mental illness. One of the oldest mentally retarded stereotypes was George "The Animal" Steele, who spoke very little and carried a fuzzy stuffed animal doll with him into the ring. He was described as the kind of person who would cuddle a lost animal but turn around and battle another wrestler to a pulp (Ball, 1990).

Steele isn't the only wrestler to carry a doll into the ring; a current WWF wrestler, Al Snow, is also attached to a doll. Snow, a 6-foot, 234-pound "psychologically traumatized" wrestler, according to his official biography, carries a mannequin head with him at all times because of his mental state. Snow is one of three wrestlers who are, according to the WWF, mentally ill, retarded, or both. The biography of Mankind, a new WWF wrestler who wears a mask and is awkward and flabby, claims that he is the most "deranged" wrestler in the Federation, who feels "little, if any, pain" ("Biography: Mankind," 1999). A WWF biography of masked wrestler Kane claims that he was disfigured in a fire set by his older brother when he was a child, and then abandoned by his father; however, despite his terrible experience with fire as a youngster, Kane enjoys setting people on fire (Newman, 1998). He has also spent time in a mental facility recently ("Biography: Kane," 1999).

The Social Influence of Wresting

While pure spectacle, perhaps, wrestling has a grip on more than advertising dollars. It also exerts a great deal of social influence through the messages it delivers in its storylines and stereotypes. Wrestling works as a part of television in general to effectively mold viewer attitudes (Nelson, 1996). Viewers look to television and other mass media for cues about social reality and for education about dealing with social situations they encounter (Wahl, 1995). No other recent public event better demonstrates the social influence of wrestling more than the 1998 election of Jesse Ventura, a former professional wrestler with no political experience, as Minnesota governor.

Wrestling, like other media sources, is a specific influence on people=s ideas about mental illness and mental disabilities. In a 1991 study, most respondents to a telephone survey said that the media was the source for most of their knowledge about mental illness (Wahl, 1995).

According to other studies, the public may be misinformed by the media; more than 85 percent of family members to mentally ill individuals blamed the media for the harmful stigma placed on their loved ones (Wahl, 1995). In another study, published in 1997, a 13-year-old girl told researchers, "I say that mentally ill people are in general quite likely to be violent. I got my ideas from television or newspaper reports as I have not seen any mentally ill people in real life" ("Role of Popular Media," 1997).

Since the mass media are powerful in shaping attitudes toward people with mental illness or mental disabilities, research that exposes media messages is necessary and useful if there is to be any progress in attitudes toward these groups. Because professional wrestling is an extremely popular form of media entertainment, especially for young, impressionable viewers, understanding the messages it presents about any group, especially these, is relevant. This study examines themes and stereotypes used for the mentally ill/disabled in professional wrestling, and speculates on the outcome of such presentation.

The Media and Mental Illness: Traditional Portrayals

Hundreds of characters in television and film, from the 1946 movie "The Best Years Of Our Lives" to "The Fugitive" and the popular television series "ER," have been used to portray the spectrum of disabilities. A number of studies have chronicled the images and treatment of people with disabilities, with discouraging results: few characters with disabilities are portrayed positively. Instead, they are characterized as victims who possess undesirable social skills and personal qualities; they are to be pitied and avoided (Nelson, 1996).

Disability has long been used as a melodramatic device on television, consistently using deformity of the body to symbolize deformity of the soul. "Physical handicaps are made the emblems of evil"(Longmore, 1987). The screen abounds with portrayals of villainous types possessing an obvious physical limitation -- a limp, hunchback, facial disfigurement, etc. (Nelson, 1996). Oftentimes, a disfigurement of the head or face is used to signify the criminal element of a character's mind. One researcher concluded that by providing villainous characters with physical disabilities, the media reinforces three prejudicial myths: that the disability is a punishment for evil, that disabled people are embittered by their fate, and that they resent the non-disabled (Longmore, 1987). The mentally disturbed misfits are stigmatized ritual villains whose attempt at victory presents a threat to society (Ball, 1990).

Of the various types of disabilities, the one that is far and away presented the most often to viewers is that of mental illness. Studies have consistently demonstrated this, including those by Byrd and Allen in 1976, Elliott and Byrd in 1981, 1983, and 1985 (Byrd & Elliott, 1988), and Wahl and the National Citizens Committee on Broadcasting in 1981 (Wahl, 1995). Mental illness is especially prevalent on soap operas; a 1979 study found that psychiatric illness was the health-related problem of choice on daytime serial, and a 1985 study found that more than half of soaps feature a mentally ill character (Wahl, 1995).

Mentally ill characters featured on soap operas are not portrayed as benign. A study by Fruth and Paddurud found that six of eight mentally ill characters on serial television were engaged in some sort of criminal behavior. A study by Gerbner revealed similar results: more than two-thirds of mentally ill characters on soaps were criminal and violent (Wahl, 1995). Of course, the association of mental illness and violence is not limited to soaps; portrayals throughout the mass media overwhelmingly link mental illness and violence. A 1989 summary of Gerbner's sampling of television content over almost two decades indicated that more than 70 percent of all mentally ill characters were violent. Besides being perpetrators of violence, those with mental illness or mental disabilities are also victims of violence, according to Gerbner -- 81 percent suffered some type of violence during the program (Wahl, 1995).

The media's fixation on mentally ill people as violent and victims of violence does not reflect reality. The proportion of characters portrayed as violent is far greater than the actual number of those who are. The figure of 72 percent who commit violent acts on prime time television is enormously divergent from the actual 12 percent who do, according to carefully done research (Wahl, 1995).

Mentally ill characters on television drama are also the victims of derogatory terms used to describe them. One study found that technical terms used to describe mental disorders are rarely used; instead, slang terms, such as crazy, sick, nuts, sicko, weirdo, fruitcake, wacko and kook, were used instead to describe these characters (Wahl, 1995). While the media has learned to avoid slang references because of the offensiveness to ethnic background, sexual reference and gender that they present, the media has not seen appropriate to give up such references for those with mental illness or mental disabilities (Wahl, 1995).

Depictions of mental illness are pervasive and consistent in the stereotypes they present. There is every reasons to expect that they will shape the public's views, and that consumers of the mass media will come to see people with mental illness as they are depicted in the media -- incapable of leading lives that are not a threat to those around them.

A Look at Professional Wrestling

This study looks at images of the mentally ill and mentally disabled in what has been called "the morality play for the 1990s" -- professional wrestling ("Pro Wrestling's Hold,"1999). The two researchers involved with this study used the qualitative paradigm, which allowed for relevant meaning to emerge from collected data.

Due to the popularity of professional wrestling and the abundance of wrestling programming, the selection of which events to study posed a significant obstacle. Researchers decided to focus on the WWF, however, because it is consistently the most-watched professional program, and because WWF matches are considered to be richer than WCW in the use of cultural stereotypes. WWF consistently outdoes its main competitor in the ratings, mostly by capturing viewers through its willingness to go further in excesses of violence, sexual imagery and stereotypes, according to one critic (Newman, 1998). Another reason WWF was chosen is because it clearly identifies, in the biographical data it presents, its wrestlers who are Amentally deficient. Three wrestlers discussed earlier -- Kane, Mankind and Al Snow -- are all considered either mentally ill, mentally disabled, or both by the WWF.

Pay-per-view events were selected because these matches generally draw a larger audience than weekly cable events, and are seen as the climactic event of the soap-opera type storyline promulgated in the weekly matches. WWF's weekly cable shows serve as "diverting infomercials" for the pay-per-view events, which take place at an average of once each six weeks (Newman, 1998).

Researchers chose 10 of the most recent WWF pay-per-view events (approximately 30 hours of tape) to view and code for detection of themes relating to persons with mental illness or mental disabilities. Pay-per-view events chosen started with "Over The Edge," a match in early 1998 in Milwaukee, Wis., and included all pay-per-view events in 1998 (including the popular "Wrestlemania," "Summer Slam," and "King of the Ring") and one in 1999: the February "Royal Rumble."

Each researcher observed the videotapes independently while writing notes concerning the depictions of wrestlers with disabilities, and emerging themes regarding these wrestlers. Ethnographic content analysis (Altheide, 1996), a media studies variation of the constant comparative method (Glaser & Strauss, 1967), aided in the identification of themes and categories that emerged from the data. The aim of ECA is to be systematic and analytic, but not rigid. Categories and themes were documented throughout the study, providing for an orientation toward constant discovery of relevant situations, settings, images, meanings and nuances (Berg, 1989). These categories and themes were then compared to the findings of other research on media images of persons with disabilities.

Ethnographic content analysis (Altheide, 1996) is an ongoing process. The researchers independently made notes concerning the video observations and then later developed a system of classification by comparing notes and discovering regularities within the data (Goetz and LeCompte, 1984). The constant comparative method was used to assist in the assessment and grouping of themes and categories (Glaser & Strauss, 1967; Merriam, 1988). Through this process categories were derived by constantly comparing one incident or unit of information with another. Agreement between researchers had to be 100 percent for a theme to be included in research findings. The researchers also agreed that themes had to be reinforced by both verbal and visual indicators in the program, and that to be considered valid, the theme had to be strongly associated with at least two wrestlers characterized as mentally ill. Also, the characteristic or theme associated with the mentally deficient wrestlers had to be unique to those wrestlers, as opposed to being a theme that could be generalized for all WWF wrestlers.

The official industry magazine, WWF "Raw is War" episodes and the company's website were used as secondary data sources. This data provided information beyond the video observations and clarified or corroborated data collected from the findings. This supplementary information base provided a clearer understanding of the images of persons with mental illness or disabilities presented by the WWF.

In The Ring: Emerging Themes

After watching and coding the videotapes, researchers compared their observations and agreed on the following four themes in relation to wrestlers featured as mentally ill or incompetent:

Theme 1: False Stereotypes

Each character exhibits stigmatized appearance and behavior that reinforces false stereotypes of individuals with mental illness. This theme is consistent with the findings of other studies involving prime time drama, sitcoms and movies (Wahl, 1995); the mentally ill constantly act "crazy;" their behavior is never "quite right."

Each wrestler exhibits physical deformities and behavior that is stereotypically used to indicate mental illness in the media. For instance, all three have an indicator of their mental disability manifested on their heads: Mankind and Kane each wear a mask, and Al Snow always appears with the words "HELP ME" scrawled backwards in marker across his forehead (so does the doll he carries). While a few other wrestlers wear masks, their masks are only temporary (as in when one wrestler had to don a mask after Kane apparently disfigured his face in a match). For the mentally incompetent wrestlers, however, the mask is central; commentators speculate about the "hideous face" hiding behind it. While Kane's mask is at least nominally decorative and hides his "bad eye," Mankind, considered the "most deranged" of all the wrestlers, wears a plain, brown leather mask that wraps around his head to hide the fact that he only has one ear.

Mankind, Snow and Kane also all have wild, woolly long hair. Mankind, as could be expected, dresses the part more than the other two; he wears a torn, stained dress shirt and old tie over brown tights in the ring. He is also flabby; he is neither fit nor tan, which is the norm for most of the other wrestlers (including even Snow and Kane).

The wrestlers also exhibit behavior that cannot be characterized as anything less than stigmatizing:

Mankind walks clumsily, leaning to one side, and tilts his head while he speaks. When he gets nervous, he frequently pulls his hair out in large clumps with both hands and throws it in the air. Sometimes, before a big fight, he enters the ring and sits in the corner, rocking back and forth. He also likes to shove a dirty sock in his opponents' mouth when fighting.

Kane exhibits behavior often falsely associated with individuals who may have developmental disabilities. He is mostly silent, and on the two occasions he spoke, his speech was slow, stilted and monosyllabic; his voice was manipulated to sound unhuman. Kane is also the butt of jokes; for instance, on a WWF Monday night "Raw is War" episode in January, he walked around the ring unaware of the sign pinned on his back by a manager while the crowd cheered.

Al Snow exhibits stigmatized behavior through his extraordinary attachment to an inanimate object: his "head." Snow carries the female mannequin head into the ring with him, and talks to it frequently, asking it for advice and yelling at it when he gets angry. He also waves it wildly in the air and uses it to beat his opponents.

Theme 2: Derogatory Slang Descriptions.

Descriptions for all three wrestlers reinforce common misconceptions and encourage marginalization of the mentally ill or disabled. This theme is consistent with the claim by researchers that the media tends to use belittling slang in referring to mental illnesses or people who suffer from them (Wahl, 1995). The wrestlers are called retards, morons, crazy, deranged, not human, stupid, sick, strange, perverse, idiots. They are insane, run "a quart low," and they "hear voices," the commentators tell fans. The commentators also belittle the fans of these wrestlers, incredulous that any spectator would be "moronic" enough to support them.

WWF commentators Jerry Lawler and Jim Ross, who usually work in a "good cop/bad cop" routine, can scarcely believe the stupidity of these three wrestlers, especially Snow. For instance, during "Judgment Day," a pay-per-view special taped in Chicago, the commentators are discussing Al Snow while he carries his famous head around the ring. Ross wonders out loud if Snow is really as stupid as he appears.

> *Lawler:* "I doubt that! ... I've known that guy a long time. Tell me, what kind of moron would talk to something like that?"
>
> *Ross ("good cop"):* "He is a little different, I will admit that."
>
> *Lawler:* "His dentist told me his wisdom teeth were retarded, that's how different he is!"

Another favorite target for derogatory slang is Mankind. The commentators speculate about what Mankind's wife looks like ("She's gotta be horrendous!"), and talk about his "scrambled brains." Ross is sympathetic to Mankind, sometimes suggesting "therapy." Lawler jokes about the mind Mankind has apparently lost. During the popular "Summer Slam" event at Madison Square Garden, the commentators discuss Mankind as he pulls his hair out, waiting for an opponent to enter the ring.

> *Ross:* "You have to wonder if Mankind has all his faculties."

Lawler: "You have to wonder if he ever had them all!"

Ross (later, as Mankind is pummeled by an opponent): "The human anatomy isn't meant to be treated that way!"

Lawler: "But Mankind, he ain't really human."

These three wrestlers are the only wrestlers for which derogatory slang is used for the stereotype they personify. For instance, black wrestlers, while stereotyped in arguably negative ways (one, named "Sexual Chocolate," always enters the ring with two scantily-clad white women at his side), they are not subjected to racial slurs, and wrestlers of other ethnicities are not described with derogatory ethnic terms. Wrestlers who are clearly overweight are not called "fat slobs." It seems that only the mentally ill wrestlers are singled out for belittling references.

Theme 3: Deserving and Desiring Pain

Mentally ill/disabled wrestlers deserve, desire and enjoy pain. While other wrestlers use pain as a means to an end (a championship), these wrestlers seem to derive their satisfaction not from victory, but from the experience of pain itself. Because they are "deranged," they also clearly deserve whatever pain is inflicted on them.

One example of this is the constant theme of suffering that is intertwined with Kane, who was disfigured by fire when he was a youngster. His father, Paul Bearer, tells wrestling fans during the "King of the Ring" match in Pittsburg, Pa., about Kane: "His whole life he's suffered! His whole life he's been ridiculed!" Kane couldn't "go outside, or play in the Little League," because of his scars, Paul Bearer says. Before a match that night, Kane announces, "If I do not win the title, I will set myself on fire." There is wild speculation during the match about the prospect of Kane setting himself on fire, but he wins the match.

While this theme is clear with the other wrestlers, it is most distinct for Mankind, the disheveled, awkward wrestler who commentators call "the human pincushion." A favorite subject of conversation for the commentators is Mankind's "threshold for pain" and his "love for pain," both of which seem to be limitless. If he doesn't get enough pain from another fighter, he simply inflicts it on himself. In one fight during "Judgment Day," Mankind began hitting and biting himself and pulling out his hair, before he knocked himself out with his famous "mandible claw" move (usually reserved to hurt other wrestlers).

Perhaps the most graphic example of Mankind's obsession with pain is found in the 1999 "Royal Rumble," which took place during February in Anaheim, Calif. Mankind agreed to an "I Quit" match with WWF tough-guy "The Rock." Mankind, who has a reputation for never saying "I quit" in a match, fights Rock for the WWF championship in a match that will only stop when one of the wrestlers says the magic words.

In a promotional clip before the fight, Mankind talks about his capacity for pain while footage rolls: Mankind being beaten with objects, thrown, blown up, wrapped in barbed wire, thrown on beds of nails, and falling from heights of more than 15 feet down to a concrete floor. Still, claims Mankind, he won't quit, as more footage plays, this time of him smiling through a bloody face and pulling his hair out.

When the fight begins, the commentators remind spectators that Mankind is "perhaps the most deranged individual in the history of the WWF." As the fight progresses, it's clear who is scripted to win tonight: the Rock. He throws Mankind into tables, steel stairs, and down to the concrete floor from atop a ladder. Mankind lands in a pile of electrical cables, and starts crawling along the floor to get away from Rock, who continues to beat him. Still, Mankind refuses to utter "I quit."

When one commentator complains about the beating Mankind is taking, the other quickly reminds him: "This is what Mankind wanted! He wanted the 'I Quit' match!" The Rock then handcuffs Mankind, who is laying on the floor wimpering, and continues to beat him. When he asks Mankind if he wants to quit, Mankind staggers up and says, "You'll have to kill me!" He eventually falls to the floor, bloody and unconscious, and the fight is over. "Out with the old, in with the new!" exclaims Lawler.

One can only speculate about where this obsession with pain will lead for these wrestlers. Further, it could be argued that the logical place for these storylines to move, especially for Mankind, would be to the death. If they want pain – don't they ultimately, then, desire death? Perhaps it would not be a surprise to any wrestling fan who follows WWF, if such a scenario were enacted in the ongoing soap that is wrestling. It is the logical conclusion for a wrestler who desires, enjoys, and deserves pain.

Theme 4: Dangerous and Unpredictable

Mentally ill/disabled wrestlers are depicted as dangerous and unpredictable, and must be controlled. Studies show that fear and discomfort are common reactions to individuals with mental illness; people report that they believe individuals afflicted with it are dangerous (Wahl, 1995). WWF programming serves to reinforce that fear, by portraying its mentally ill/disabled wrestlers as destructive, virtually indestructible and out of control.

While the commentators seem to most detest Snow, even having him thrown out of the arena once, and Mankind is considered so dangerous that he has been called "Satanic," the danger/control theme seems to focus most on Kane. Commentators completely dehumanize him with their nickname: "the big red machine." They talk in awe about his "unearthly" power, and are stunned when Kane, apparently way out of control, attacks guest commentator Pete Rose during a bout. "This monster doesn't know right from wrong," Ross laments. "He only knows one thing, that is to destroy everything in front of him," Lawler adds.

Control is a consistent issue with Kane. Commentators fret, "who can control Kane?" after he wins a match. But Kane is constantly manipulated, first by Paul Bearer, his stepfather, who often accompanies him to the ring and tells him, "You are my personal instrument of destruction!" Kane is also controlled by his older brother, a wrestler named The Undertaker, who "put his brother in his place," according to commentators, when he set Kane on fire during an "Unforgiven" pay-per-view match.

However, Kane is mostly controlled the "corporate boss," who talks in a slow, patronizing way to him and asks, "Do you understand me?" The boss uses the threat of the strait jacket and a trip to a mental institution as a way to keep control over Kane; on "Capitol Carnage," a pay-per-view in London, Kane is put in a strait jacket but manages to escape. The 1999 "Royal Rumble" provides the most blatant example of this theme with Kane, however. After disobeying "corporate orders" earlier that evening, Kane enters the Royal Rumble, a free-for-all where fighters who leave the ring are disqualified. He enters the ring and promptly throws the other four fighters over the ropes, and is left the only man standing for the moment. "Kane is cleaning house!" Lawler exclaims. As soon as Kane is done tossing out his opponents, though, more men come running toward the ring -- but these men are dressed in white lab coats, and one is carrying a strait jacet.

"The boss threatened to send Kane back to the insane asylum if he didn't obey his orders!" shouts Lawler. "That's where Kane grew up, in an institution! He should be institutionalized!" Kane then disqualifies himself from the brawl by running from the ring and escaping through the crowd.

Stepping Back From The Ring: What it Means

When discussing reasons for the media's treatment of people with disabilities, Longmore (1987) wrote, "What we fear, we often stigmatize and shun and sometimes seek to destroy."

The emerging themes from professional wrestling seem to encourage and perpetuate this type of approach to individuals with mental illness or mental disabilities. Those wrestlers who have been labeled "mentally ill" are viewed as dangerous and uncontrollable (inciting fear), are mocked and degraded (stigmatized and shunned), and seem to seek to be destroyed by their reckless, pain-seeking behavior. They are, perhaps, the last group of individuals allowed to be treated by the media in a blatlantly disrespectful and offensive way.

In comparison to other studies, there are no surprises in these findings; they are compatible with those of other television programs, even down to a detail as fine as how the heads of these characters are adorned for the part. What must be remembered about wrestling, however, is (1). the degree to which the stereotypes and symbols for these characters are exaggerated, thus, easy to read; and, (2.) the accessibility and popularity of wrestling with young, impressionable viewers, who would be hard-pressed to miss or misinterpret the messages professional wrestling is sending them about the value and role of mentally ill/disabled people in society. Furthermore, because it is "merely (lowbrow) entertainment," viewers resist watching it critically.

These messages clearly encourage non-accepting and stigmatizing behavior toward a large, benign group in society. In 1984, the National Institute of Mental Health undertook a study to determine the prevalence of mental illness in the United States. The results led to the conclusion that more than 30 million Americans suffer from mental illness; over a lifetime, one in five individuals will experience mental illness. It is obvious that the majority of them are not violent (Wahl, 1995).

Perhaps even worse, however, is the fact that such depictions of mental illness discourage society from openly accepting, addressing and treating the reality of mental illness and mental disabilities. As long as these conditions continue to be stigmatized, millions of people who need treatment and acceptance will refuse to seek it out of shame.

As much as studies have demonstrated that the media plays a negative role in perceptions of the mentally ill and disabled, however, the media has also shown that it can play a positive role. In two studies, one in 1979 and one in 1984, the mass media was able, through non-stereotyping depictions, to change the attitudes of viewers about individuals with disabilities (Byrd & Elliott, 1988). This is good news for those who want to reverse the media's destructive pattern; attitudes can be changed, and the media can play a key role in facilitating that change.

This formative study provides a springboard for more comprehensive research regarding the images of marginalized or disadvantaged groups in professional wrestling. Because it is an entertainment phenomenon that has exploded in popularity among working-class and middle-class Americans, wrestling merits our critical attention. Further examination of the cultural power of this type of mediated entertainment would be purposeful and relevant.

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Investigating Media Influence on Attitudes toward People with Disabilities and Euthanasia

A paper submitted to the Media and Disability Interest Group
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Kimberly A. Lauffer
Doctoral Student
College of Journalism and Communications
University of Florida
G-035 Weimer Hall
PO Box 118400
Gainesville, FL 32611-8400
Telephone (352) 392-5139
Facsimile (352) 846-3015
Laufferk@ufl.edu

Sarah Bembry
Master's Student
College of Journalism and Communications
University of Florida
2000 Weimer Hall
PO Box 118400
Gainesville, FL 32611-8400

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Abstract

The issues of euthanasia, physician-assisted death, and physician-assisted suicide have become hot topics for news and entertainment shows, spawning hours of programming since a videotape depicting Jack Kevorkian injecting a lethal dose of drugs into the arm of Thomas Youk, a man with Lou Gehrig's disease, aired on *60 Minutes* during the November 1998 sweeps. This experiment used an information-integration approach to examine whether such programming affects attitudes toward people with disabilities. While this research did not support media portrayal as a factor affecting attitudes toward people with disabilities, it did support an effects model of media influence as attitudes toward certain forms of euthanasia were related to media portrayal of disability.

Investigating Media Influence on Attitudes toward People with Disabilities and Euthanasia

In 1998, near the end of the November sweeps period, Jack Kevorkian thrust the issue of euthanasia back into the media spotlight with the airing on "60 Minutes" of a home video he had prepared that depicted him injecting a lethal dose of drugs into the arm of Thomas Youk, a Michigan resident with amyotrophic lateral sclerosis, commonly known as Lou Gehrig's disease. This was not Kevorkian's first attempt at raising public awareness of euthanasia; since 1990 he has helped more than 130 people die (Kevorkian defends himself, 1999).

Public support for euthanasia apparently has increased since Kevorkian embraced the issue. In a 1985 Associated Press poll 68% of respondents indicated that "people dying of an incurable painful disease should be allowed to end their lives before the disease runs its course" (Wanzer, Federman, Adelstein, Cassell, Cassem, Cranford, Hook, Lo, Moertel, Safar, Stone, & van Eys, 1989, p. 164). A 1988 Roper poll found that 58% of those polled agreed that a physician should be able lawfully to end the life of a terminally ill patient at the patient's request, 27% disagreed, and 10% were undecided (Wanzer, et al., 1989). A 1996 Gallup poll found that 75% of the public favored assisted suicide (Greenberg, 1997); and most recently, a CBS News poll taken in the two days after the broadcast of Youk's death on 60 minutes showed that 61% of people polled disagreed that a doctor injecting lethal drugs at a terminally ill patient's request is the same as murder (Kevorkian-assisted death airs on *60 Minutes*, 1999).

The issues of euthanasia, physician-assisted death, and physician-assisted suicide have become hot topics for news and entertainment programming, spawning episodes of *The*

Practice and *Touched by an Angel* as well as a four-episode story arc on *ER* that aired during February sweeps. In news coverage, traditional modes of suicide may not often be mentioned as cause of death, but physician-assisted suicide or physician-assisted death may be considered sensational news and given ample news coverage (Humphry, 1991). But, what effect, if any, does media coverage, in particular the current focus on physician-assisted death, have on viewers' perceptions of euthanasia?

This study will analyze how the CBS News' broadcast of Kevorkian's euthanizing of Thomas Youk, a resulting analysis of the topic by ABC News, and a dramatic portrayal of a similar euthanasia situation broadcast on an ABC evening entertainment program affected attitudes toward physician-assisted suicide and attitudes toward people with disabilities (who were the primary actors in these real-life and entertainment dramas) of a group of college-age students. An information-integration approach is used to provide hypotheses for an experiment.

Euthanasia

Euthanasia, a word that comes from two words in the Greek language, eu, meaning good, and thanatos, meaning death, is known commonly as "good death" (Baird & Rosenbaum, 1989). It has been described as a death that releases a person from "intractable suffering" (Vaux, 1989, p. 30). Baird and Rosenbaum (1989) note this is why euthanasia often is called mercy killing.

Groups dedicated to the cause of "death with dignity," most notably the Hemlock Society, have sprouted around the world; some of these groups, including Hemlock, support euthanasia or aid-in-dying as an option for end-of-life care. Hospices, which do not hasten death through methods such as euthanasia but offer dying and terminally ill individuals a less institutionalized, more dignified, "good" death through palliative care, have gained repute and even are covered by some insurance companies as an alternative to nursing home or hospital care.

Euthanasia is controversial. Even some people who support the idea of "death with dignity" or self-determination find euthanasia and its most vocal and prominent proponent, Jack Kevorkian, unpalatable and offensive (Donvan & Sawyer, 1998). Some people support the idea of aid-in-dying or physician-assisted suicide but balk at the mere mention of euthanasia, likening it to the "Nazi-like elimination of the sick, old, or unproductive" (Duffy, 1997). Still others have denied emphatically that euthanasia is designed to rid society of undesirables (Vaux, 1989), reiterating that it is simply one more option that should be available to those at the end stages of life.

Euthanasia can be distinguished along two dimensions: active vs. passive and voluntary vs. involuntary. Active euthanasia involves the "overt killing of the patient by the physician (or some assistant)" (Baird & Rosenbaum, 1989, p. 10). It differs from physician-assisted suicide in that the patient takes the final step toward death in physician-assisted suicide, making it an act of suicide rather than homicide. Euthanasia is considered passive if death occurs naturally, even if it is the result of an activity such as turning off life-support machinery (Baird & Rosenbaum, 1989). Voluntary euthanasia is that which is requested explicitly by the patient while involuntary euthanasia is chosen by someone other than the patient (Baird & Rosenbaum, 1989). For example, turning off life support for a comatose patient who had not left instructions for such action to be taken would be passive, involuntary euthanasia. Active euthanasia is illegal in all fifty states, but active, voluntary euthanasia is the most widely discussed form of euthanasia (Baird & Rosenbaum, 1989).

One of the reasons euthanasia and physician-assisted suicide provoke strong negative reactions is that these practices are considered to pose a threat to vulnerable populations. Vulnerable populations include children (Englehardt, 1989; Shewmon, 1989), the elderly (Fleck, 1993; Fleck, 1995; Koop, 1989b), people with physical disabilities (Fleck, 1993; Koop, 1989b; Shewmon, 1989), the terminally ill (Fleck, 1993; Shewmon, 1989), and those with cognitive disabilities (Koop, 1989b). It is believed that members of vulnerable groups may be coerced or manipulated into "choosing" death, seeing it as their only viable option, or may be led to believe it is their duty to die. Fleck (1995) and Koop (1989b) note that the elderly, in particular, may see themselves as economically burdensome to their families. Members of vulnerable populations also may not possess the power to choose or consent, being mentally or physically incapable of making an informed choice.

The "burden-to-society" argument has been broached by many euthanasia proponents and opponents alike. While Duffy (1997) questions whether as Americans we still believe in the inherent worth of the individual, others note that economic realities dictate a cost-benefit analysis of the worth of the individual (Fleck 1993; Fleck, 1995). Fleck (1995), in particular, notes that worth and rights may take second place to social duty as companies increasingly attempt to contain health care costs.

Those who liken euthanasia to the Nazi practice of killing (e.g., Duffy, 1997) and fear the expansion of such programs to those who are not terminally ill or who request death may not be too far off the mark, according to Shewmon (1989). Nazi euthanasia propaganda referred to the "costs of caring for the handicapped, retarded, and insane," and mercy killing was expanded to include not only those who were incurably ill, but those who had minor deformities such as mild senility, "amputee war veterans, 'problem children,' bed-wetters, and the like" (Shewmon, 1989, p. 135).

Cultural views on euthanasia and physician-assisted suicide

Several competing underpinnings of American culture underlie the debate over euthanasia; these include autonomy, liberty, religion, and social interdependence. Hoefler (1994) has identified five idiosyncrasies of American culture that figure in the debate over euthanasia and assisted death: individualism, liberty, scientism, the entitlement syndrome, and religious taboo. Other competing theories that enter into the fray include whether the ends justify the means (Fletcher, 1989), distributive justice (Fleck 1995), that "any ends or purposes that are validated" by human happiness are "just, right, good" (Fletcher, 1989, p. 92), the fifth commandment—thou shall not kill (Humphry, 1991), and that "man as trustee of his body acts against God, its rightful possessor, when he takes his own life" (Gay-Williams, 1989, p 99).

While religion is not as important a part of American public life, it is a vital part of private life; and "the dominant religious orientations in America—Judaism and Christianity—are in lockstep when it comes to death. Each puts a high premium on the sanctity of life, and each has strong proscriptions against individuals taking death into their own hands" (Hoefler, 1994, p. 38). Yet, some Protestant groups "hold that the quality of life is equally as important as length of life and question whether the wish to die should be denied under all circumstances" (Greenberg, 1997, p. 87). In fact, humanistic approaches to morality offer a "nonabsolutistic attitude" about preserving life, including not only

Protestant, Catholic, and Jewish teachings, but also Buddhist, Hindu, and Moslem ethics (Fletcher, 1989).

Medical views on euthanasia and physician-assisted suicide

The medical community as a whole does not have a position on euthanasia or physician-assisted suicide. Various organizations within the medical community, such as the American Medical Association and others, have stated their strong opposition to the practices while acknowledging that such activities do occur. Kevorkian, a retired pathologist whose medical license was revoked by the state of Michigan for practicing physician-assisted suicide, has questioned the apparent hypocrisy of such organizations. He has questioned why, if such activities are occurring and are viewed as potentially dangerous, they are not brought out into the open where they can be reviewed and regulated (Hewitt, 1998).

The National Hospice Organization (1997) has advanced a slippery slope argument that allowing terminally ill patients to choose to end their lives directly (through euthanasia or assisted suicide) would extend these practices to the incompetent through advanced directives, then the non-terminally ill, then the frail, disabled, elderly, and poor as a cost-effective alternative to rehabilitative or custodial care (see also Greenberg, 1997). The NHO distinguishes between withholding or withdrawing treatments that sustain life and providing treatments that end it directly.

The American Academy of Hospice and Palliative Medicine (1996/7) notes that access to palliative care and hospice services is underestimated and underused and has been limited by cultural, financial, regulatory, and philosophical barriers. It identifies ethical issues that center on autonomy, beneficence, and non-maleficence, further noting that the "primary goal of palliative care is to provide symptom relief without sedation," but that "it may at times be appropriate to provide sedation to achieve adequate relief from distressing symptoms, at the patient's request" (p. 2). Yet Fleck (1995), who adopts a cost-benefit approach to medical care, notes that "society is not morally obligated to provide all possible palliative care to terminally ill individuals simply because it is palliative care" (p. 892).

One of the medical issues that muddles the issue of whether euthanasia or physician-assisted suicide should be practiced is the definition of death. Even now, at the end of the 20th century, disagreement ensues over the determination of medically acceptable criteria for death. Do we not start life support or do we turn it off? What about malpractice? (Koop, 1989a). The 1976 *Quinlan* decision, which settled the question of whether a comatose woman's parents had the right to terminate care, showed the Supreme Court interprets the Constitution as guaranteeing a right to live (except for the unborn), but declines to interpret a similar Constitutional guarantee of the right to die (Koop, 1989a). "[B]eing 'allowed to die' can be relatively slow and painful, whereas being given a lethal infection is relatively quick and painless" (Rachels, 1989a, p. 46).

Medical ethics also play a role in the medical community's dilemma. The Hippocratic oath precludes the "active, willful taking of life," and "Western medicine has regarded the killing of patients, even on request, as a profound violation of the deepest meaning of the medical vocation" (Gaylin, Kass, Pellegrino & Siegler, 1989, p. 26). "[I]f physicians become killers or are even merely licensed to kill, the profession — and, therewith, each physician — will never again be worthy of trust and respect as healer and comforter and protector of life in all its frailty. For if medicine's power over life may be used equally to heal or to kill, the doctor is no more a moral professional but rather a morally neutered technician," (Gaylin et al., 1989, p. 27). Therefore, a competing tension exists between individual autonomy and the duty of the doctor to follow the demands of the Hippocratic oath and "do no harm" (Young, 1989).

A further complication in the dilemma facing medical professionals is the ambiguity of terminal illness. In recent years, an illness has been considered terminal if "the person is likely, in the judgment of two examining physicians, to die of that condition within six months" (Shewmon, 1989, p. 130). But, Humphry (1991) notes, "There will always be the exceptional case such as when a patient is extremely ill and suffering unbearably, will not recover, but is not terminally ill ... Alzheimer's disease, advanced multiple sclerosis, ALS are the most likely cases" (p. 143).

At least four studies in the 1990s have examined the prevalence of euthanasia and physician-assisted suicide from a medical perspective. All of the studies were conducted in midwestern or western states, encompassing Washington, Oregon, Michigan, and Minnesota.

A 1996 survey of Washington state physicians found that of the 828 respondents, 12 percent had received requests for assisted suicide in the past year and 4 percent had received requests for euthanasia (Greenberg, 1997). Two-thirds of the patients requesting such services had a life expectancy of six months or less, and they commonly had cancer, neurological disease, and AIDS, and less commonly had cardiac disease and chronic obstructive pulmonary disease (Greenberg, 1997).

A 1994 study of physicians in Washington and Minnesota found that 48 percent agreed that euthanasia is never ethically justified, while 42 percent disagreed. Only 39 percent agreed with the same statement about PAS, while 50 percent disagreed. Situations they said would justify assisted suicide or euthanasia included poor quality of life, pain and other symptoms that could not be relieved, and a life expectancy of less than six months (Greenberg, 1997).

A 1999 study of the prevalence of physician-assisted suicide in Oregon in the year since the practice was legalized found that it was uncommon (Chin, Hedberg, Higginson, & Fleming, 1999). The law allows physicians to prescribe lethal medications to patients who are terminally ill (have less than six months to live) as certified by two doctors (Cain, 1999). Only 15 people died in Oregon from Nov. 1997 to Nov. 1998 after taking a lethal dose of medication that had been prescribed by a physician; 23 had requested such a prescription and a total of 21 died, six from underlying illnesses (Chin et al., 1999). Thirteen of the 15 prescription recipients who died from the lethal dose of medication had cancer. The method used for the study was a case-control. In terms of disability status, only 21 percent of the case patients and 84 percent of the control patients were completely disabled (Chin et al., 1999). The case patients were more likely than the control patients to be concerned about loss of autonomy because of illness and about loss of control of bodily functions (Chin et al., 1999). Lack of pain control and concerns about being an economic burden were not statistically significant contributors to desire for lethal prescriptions (Chin et al., 1999).

A Michigan survey of physicians and the public found that 56% of physicians agreed with legalizing assisted suicide while 66% of the public agreed (Greenberg, 1997). When members of the public were asked if they had a terminal illness would they request aid-in-dying, 24% said yes, 24% said probably, 22% were uncertain, 9% probably not, and 21% definitely not (Greenberg, 1997).

Based on this review of the literature, we decided to investigate whether or not people in our sample generally favored the practices of assisted suicide and euthanasia.

RQ1: Do people generally favor assisted suicide/euthanasia?

Attitudes toward people with disabilities

Several studies have examined the influences on attitudes toward people with disabilities. Antonak (1988) has identified several methods, both direct and indirect, of measuring attitudes toward people with disabilities. Direct methods include opinion surveys, interviews, rankings, sociometrics, paired comparison scales, semantic differential scales, adjective checklists, Q-methodology, probabilistic rating scales, and deterministic rating scales. One of the most-used probabilistic rating scales was developed by Yuker and his colleagues (1960, 1966). Indirect methods include projective techniques, disguised measures, behavioral observation, and physiological methods. Such indirect methods allow the researcher to avoid weaknesses inherent in direct methods, such as response sets biased by acquiescence or social desirability.

Yuker (1994) notes that attitudes toward people with disabilities are influenced by many factors, including prior contact, attitudes of significant others, education, and mass media. Demographics such as age, socioeconomic status, and employment status are less likely to be related to attitudes toward people with disabilities (Yuker, 1994). Disabilities that are perceived as severe, untreatable, terminal, visible, and/or contagious are seen as less acceptable (Yuker, 1994).

Contact with people with disabilities can take many forms and can influence either positive or negative views. Contact within a friendly relationship is associated with more positive attitudes, while family contact and casual contact has been linked to more negative attitudes (Yuker, 1994). In addition, information about the causes and origin of a disability can influence attitudes, as can individuating information that reduces stereotypes (Yuker, 1994).

The preceding literature led to the formation of the first hypothesis:

H1: Individuals who have had more personal contact with people with disabilities will have more positive attitudes toward people with disabilities, regardless of the video stimulus.

Type of disability also affects attitudes toward people with disabilities. Esses and Beaufoy (1994) found that attitudes toward amputees were more favorable than attitudes toward the chronically depressed and people with AIDS. They note that their findings are consistent with other research that has shown people have more favorable attitudes toward physical disabilities than mental or behavioral disabilities.

The preceding literature led to the formation of the second research question:

RQ2: What conditions do a majority of individuals consider to be disabilities?

Media and disability. Yuker (1994) notes mass media portrayals can affect attitudes toward people with disabilities. Several researchers have examined the portrayal of disability by media as well as the relationship between media and attitudes toward people with varying disabilities. Byrd and Elliott (1988) note that stereotypical portrayals of disability in the media tend to foster negative attitudes because of misinformation. Based on their analysis of several studies, Byrd and Elliott (1988) argue that accurate portrayals may influence attitudes toward people with disabilities positively.

Overall, mental illness is portrayed more often by private networks, most often in a dramatic or comedic manner (Byrd and Elliott, 1988). They noted that stereotypical depictions of psychiatric disabilities frequently appear in television and film, often emphasizing "the distorted and bizarre, which perhaps fit well into dramatizations that require suspense and action to elicit audience anxiety. Comedies might also attempt to capitalize on these misconceptions to depict slapstick humor and buffoonery" (p. 92).

A 1979 study by Byrd examined prime time portrayals during July 1977. Disabilities were portrayed somewhat realistically, but no real leaders in disability portrayal were identified. Byrd and Elliott (1984) also examined the impact televised portrayals of disability have on attitudes toward disability. In a pretest-posttest experimental design using three audiovisual stimuli and the Attitudes Toward Disabied Persons Scale, they found that direct information that balanced emotional and rational appeals (a film produced by the American Federation for the Blind) fostered more positive attitudes than a single television comedy episode that offered a non-stereotypical portrayal of blindness.

Signorielli (1993) concludes that stereotypical portrayals of disabilities are the norm on television. Physical disabilities are presented as obstacles to be overcome while mental illness is depicted as stigmatizing and ostracizing. Humor, often inappropriately using the disability as the butt of the joke, is used frequently in disability portrayals. She notes that suicide often is portrayed as a "manifestation of mental illness" and that coverage of suicide and death in general has expanded.

The preceding research studies led to the following two research questions:

RQ3: How does program type influence attitudes toward people with disabilities?

RQ4: How does program type influence attitudes toward physician-assisted suicide/euthanasia?

Theoretical framework for the study

Anderson (e.g., 1982, 1991) has advanced a general and flexible (Eagly & Chaiken, 1993) model of information integration, a cognitive theory of information processing, judgment, and decision making. In attitudinal research, the model "assumes that attitudes are formed and modified as people receive and interpret information and then integrate this information with their prior attitudes" (Eagly & Chaiken, 1993, p. 109).

The two basic processes involved in information integration are valuation and integration. Valuation "refers to the determination of the *meaning* of the information and of its *importance* or *relevance* for evaluating an attitude object" (Eagly & Chaiken, 1993, p. 109, emphasis in original) and it is comprised of the scale value and the weight of the information. Scale value often is determined by rating a piece of information on a pro-versus-con scale of favorability. The weight of such a piece of information would be its importance in determining attitude. Integration is the combining of bits of information, usually described through simple alegbraic models (Eagly & Chaiken, 1993).

The cognitive algebra (Anderson, 1982) of information integration creates a functional chain of events that leads from the observable stimulus (S1) to an observable response (R). Anderson (1991) explains that "[c]ognitive algebra also provides a base for analysis of values, which have to be taken more or less for granted in the normative approach, as well as a means for studying diverse questions of information processing" (p. 124).

Two models are used to describe the information integration process: adding and averaging. The adding model adds the weight x scale value of the initial attitude to the weight and scale value of each item of information. In contrast, the averaging model uses as a numerator the above equation (weight x scale value of the initial attitude added to the weight and scale value of each item of information) but divides it by the sum of the weights (the denominator).

Anderson (1982, 1991) notes the contribution of decision-making heuristics such as availability and representativeness to information integration theory. Salient beliefs contribute more to attitude than do non-salient beliefs, and information that supports stereotypical or categorical beliefs about a group will be more likely to influence attitudes about that group (Anderson, 1982; Anderson, 1991; Eagly & Chaiken, 1993). When decision weighting is applied, salient beliefs carry more weight and thus decrease the relative weight of the outcome information (Anderson, 1991).

Based on the information integration assumptions, models, and expectations, as well as the literature on disability and media, the following hypothesis and research questions were developed:

H2: Individuals who have had more contact with people with disabilities and who saw a portrayal of disability in the video stimulus will have different attitudes toward people with disabilities than people who did not see a portrayal of disability in the video stimulus.

RQ5: Do attitudes toward euthanasia differ depending on whether euthanasia is active or passive?

RQ6: Do attitudes toward euthanasia differ depending on whether euthanasia is voluntary or involuntary?

Methodology

Design. A 3 x 4 between-subjects, post-test-only experimental design was used for this study. The factors were contact with people with disabilities and video segment genre. Contact with people with disabilities had three levels of positivity: low, consisting of knowing a person with a disability; medium, consisting of having a family member with a disability; and high, consisting of having a friend with a disability. Genre of video segment comprised four levels: news, consisting of the *60 Minutes* piece; news analysis, consisting of the *Nightline* piece; dramatic entertainment, consisting of the piece from *The Practice*; and the control segment, an unrelated *Dateline* piece.

Stimuli selection. The video segments used were edited versions of *60 Minutes*, Nov. 22, 1998, in which Jack Kevorkian was shown euthanizing Thomas Youk, a man with amyotrophic lateral sclerosis; *Nightline*, Nov. 23, 1998, in which an analysis of the *60 Minutes* piece was performed and then the issue of euthanasia was debated by a panel of three experts; *The Practice*, Jan. 17, 1999, in which the assistant district attorney character tried a media agency for aiding and abetting a homicide for encouraging and then broadcasting a doctor's euthanizing of a woman with amyotrophic lateral sclerosis; and a control segment of *Dateline*, Feb. 9, 1999, in which a topic relating to media ethics was broadcast.

Subjects and procedure. Participants were recruited from large undergraduate lecture courses in advertising and public relations at a large Southeastern university to participate in an experimental study in which they would view a video segment and then fill out a questionnaire (see Appendix A). Overall, 231 individuals chose to participate; of these, 222 completed the entire experiment.

Participants were told at the time of recruitment that the study was related to contemporary issues in mass media. To prevent bias, the informed consent information was vague as to the stimuli to be used. Participants were told that they would view potentially upsetting video clips, possibly including street violence, teen drug use, physician-assisted suicide, and car chases that result in fatal crashes.

The experiments were run during the third week of February 1999. Students signed up in advance for a one-hour time slot, beginning at either 4 p.m. or 5 p.m., Monday through Thursday. Originally a Friday session was scheduled, but it was cancelled because of a paucity of participants. They completed the study in groups of one to 30 participants. Participants were offered extra credit as compensation by the instructor of the course from which they were recruited.

Participants were randomly assigned to one of the video stimuli: *60 Minutes*, *Nightline*, *Dateline* or *The Practice*. After the video, participants were given a questionnaire. They were instructed that they did not have to answer any questions that they did not want to, but were urged to answer as many a possible and to be completely honest. Participant anonymity was emphasized to avoid social desirability in responding. In all of the sessions, the debriefing statement was read to participants as well as provided in a location for them to pick up inconspicuously, in order to minimize any embarrassment the participants might have felt.

Dependent measures. The Attitudes Toward Disabled Persons Scale, Form B (Yuker, Block, & Campbell, 1960; Yuker, Block, & Younng, 1966) was used to measure attitudes in this study. It is a Likert-style scale using scores from –3 (disagree very much) to +3 (agree very much) with no neutral position. It has been shown through several research studies to be a reliable and valid research tool (Yuker & Block, 1986). There are three forms of the ATDP, Forms 0, A, and B. The researchers for this study chose Form B because it had the highest overall reliability (.80) of all three versions (Yuker & Block, 1986). Higher ATDP scores indicate a more positive, accepting attitude (Yuker & Block, 1986).

Other items included questions about physician-assisted suicide and euthanasia that had been used in studies of physicians (Hoefler, 1997) as well as media ethics questions (Hadley, 1989). The items concerning media ethics were included in order to disguise the nature of the study as well as for the researchers' own interest.

At the end of the questionnaire, demographic questions and questions designed to measure level of contact with people with disabilities were included. To determine how participants defined disability, a list of possible disabling conditions also was provided and participants were asked to circle any and all of the items they perceived as a disability. Some distractors, such as pedophilia, current illegal drug user, and homosexuality, were included in the list. This list of disabling conditions was included so that the conditions circled could be analyzed as to their origin, acceptability, severity, terminal nature, etc., in accordance with Yuker (1994) and Schmelkin (1988). Participants also were asked in open-ended questions to list their top five favorite television programs in order as well as describe what they thought the purpose of the study was.

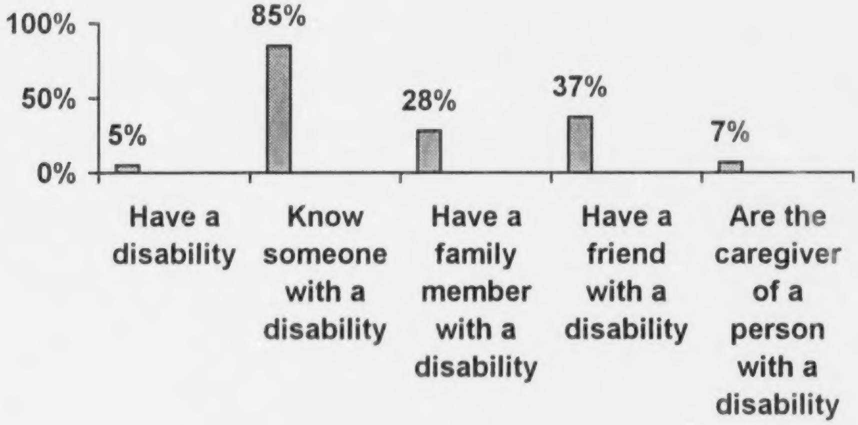
Results

A total of 231 individuals participated in the study. Of the 222 participants who provided usable questionnaires, 60% were female and 40% were male. Eighty-four percent were Caucasian, 6% Hispanic non-white, 4% African American, 3% Asian Pacific

Islander, and 3% other (n=220). Two-fifths of the participants described themselves as having a moderate political ideology (43%); 22% considered themselves conservative, and 33% considered themselves liberal.

In terms of disability status and level of contact with people with disabilities, the majority of our respondents (n=222) were able bodied (95%). Nearly 85% of the respondents indicated they know someone with a disability. Twenty-eight percent had one or more family members with a disability, and 37% had one or more friends with a disability. Nearly 7% of respondents indicated they were the major caregiver of a person with a disability. (See Figure 1.)

Figure 1: Contact with people with disabilities (n=222)



To answer research question one: "Do people generally favor assisted suicide/euthanasia?" the frequency of responses to four statements were calculated. Respondents overwhelmingly agreed with the statement, "voluntary euthanasia, where the person wishes to die and consents to the action that will make it happen, should be permitted." More than three-fourths of respondents agreed with this statement. (See

Figure 2.) In contrast, for the statement, "involuntary euthanasia, where the person is unable to consent (perhaps because of being in a coma), should be permitted," more than half of respondents disagreed. (See Figure 3.)

Figure 2: Voluntary euthanasia should be permitted

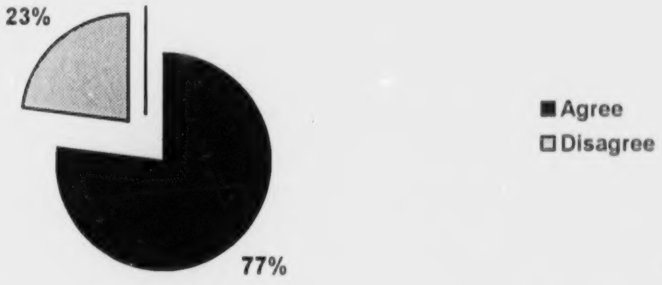
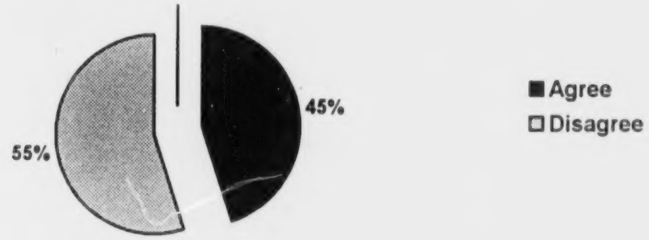


Figure 3: Involuntary euthanasia should be permitted



There seemed to be a distinction between withholding treatment and taking action to cause death. The statement, "withholding treatments, including feeding tubes, artificial respirators, and other life-sustaining treatments, is appropriate," was supported by 39% of participants (See Figure 4.), but the statement, "taking direct action designed to terminate life, including providing direct lethal injections, is appropriate," was supported by 42% of respondents (See Figure 5.).

Figure 4: Withholding treatment is appropriate

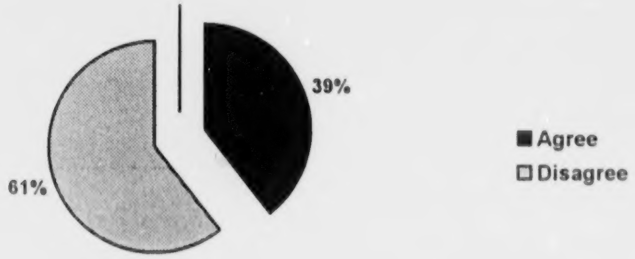
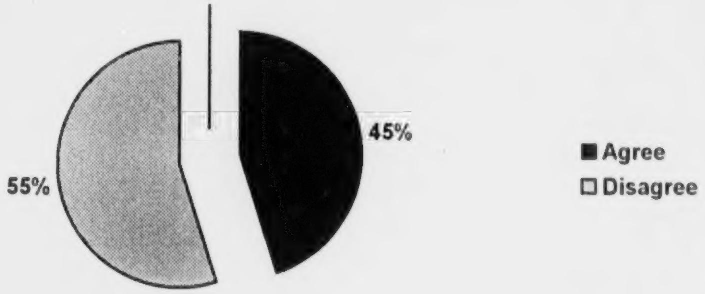


Figure 5: Direct action to terminate life is appropriate



To test hypothesis one, "individuals who have had more personal contact with people with disabilities will have more positive attitudes toward people with disabilities, regardless of the video stimulus," the score on the Attitudes Toward Disabled Persons Scale was correlated with the score from a new variable to measure contact that was created by summing four items dealing with types of contact. This was done based on the literature about contact with people with disabilities (Yuker, 1994).

Nine values (from zero to eight) were possible for contact (*M*=2.74); low scores denote low levels of contact and high scores denote high levels of contact. Scores on the ATDP ranged from 56 to 168 (*M*=112.63). (See Table 1 for ADTP mean scores by contact value.) An analysis of variance (ANOVA) was performed to examine the relationship between contact and ATDP score and showed a significant relationship, $F(7, 150)=3.896$, $p<.01$.

Table 1: Contact level with people with disabilities and ATDP mean scores

Contact level	N	ATDP mean score
0	17	102.71
1	55	113.84
2	2	102.00
3	20	122.50
4	31	117.77
5	5	82.60
6	26	114.92
8	2	124.00

To determine whether type of contact rather than level of contact had a significant influence on ATDP score, ANOVAs were conducted. Mean scores on the ATDP did not differ significantly between those respondents who did have a family member with a disability and those who did not, nor did mean scores differ between those who have a friend with a disability and those who do not. However, mean scores on the ATDP did differ significantly between those who indicated knowing someone with a disability ($M=103.18$) and those who did not ($M=114.21$), $F(1, 172)=6.217$, $p<.02$). And mean scores on the ATDP did differ significantly between those who indicated they were the caregiver of a person with a disability ($M=98.82$) and those who were not ($M=114.59$), $F(1, 171)=6.971$, $p<.01$).

To determine whether categorizing ATDP scores as low and high -- as Yuker (1966, 1970) suggests in order to categorize respondents into having negative and positive attitudes toward people with disabilities, respectively -- would affect the significance of the relationship between the variables, a Chi-square test was done. The Chi-square analysis of contact and low/high ATDP score showed a statistically significant relationship, $\chi^2(7)=19.119, p<.01$). Negative attitudes had a mean of 2.47 for contact while positive attitudes had a mean of 2.90 for contact, which seems to support Yuker's contention that contact influences positive attitudes. Levels of contact at or above the grand mean of 2.74 had a mean of .67 (on a scale from zero to one), denoting a more positive, accepting attitude. Levels of contact below the grand mean of 2.74 had a mean of .55 (on a scale from zero to one), denoting an overall positive, but less positive attitude than those at or above the grand mean for contact. T-test analyses did not show a significant difference between these two groups, however.

To answer research question two: "What conditions do a majority of individuals consider to be disabilities?" frequencies were calculated for each of the conditions circled by respondents as being a disability or disabling condition. Conditions that were circled by a majority of respondents (more than 50%) included: quadriplegia, traumatic brain injury, amputee, Down's syndrome, Lou Gehrig's disease, autism, cancer, Parkinson's disease, cerebral palsy, muscular dystrophy, blindness, Alzheimer's disease, epilepsy, schizophrenia, deafness, mental retardation, visual impairment, paraplegia, multiple sclerosis, wheelchair user, post-polio syndrome, mental illness, and hearing impairment. (See Table 2.)

Disabling conditions that a majority of respondents did not agree constituted a disability or disabling condition included: HIV-positive status, post-traumatic stress disorder, asthma, anxiety disorder, recovering drug addict, lower back problems, depression, learning problems, diabetes, carpal tunnel syndrome, fibromyalgia, AIDS, environmental hypersensitivity, dyslexia, kidney disease, and behavior disorder. (See Table 3.)

Conditions that are not disabilities but were identified as being disabilities or disabling conditions by respondents included: compulsive gambling, transvestism, gender identity disorder, current illegal drug user, pedophilia, and homosexuality. (See Table 4.)

Table 2: Conditions identified by a majority of respondents as disabilities

Condition	Percent of respondents identifying condition as a disability
Quadriplegia	88%
Traumatic brain injury	83%
Amputee	78%
Down's syndrome	91%
Lou Gehrig's disease	78%
Autism	70%
Cancer	50%
Parkinson's disease	81%
Cerebral palsy	91%
Muscular dystrophy	89%
Blindness	79%
Alzheimer's disease	78%
Epilepsy	72%
Schizophrenia	59%
Deafness	78%
Mental retardation	84%
Visual impairment	51%
Paraplegia	75%
Multiple sclerosis	85%
Wheelchair user	79%
Post-polio syndrome	52%
Mental illness	65%
Hearing impairment	59%

Table 3: Disabling conditions that were not considered disabilities by respondents

Condition	Percent of respondents identifying condition as disability
HIV-positive	37%
Post-traumatic stress disorder	33%
Asthma	31%
Anxiety disorder	24%
Recovering drug addict	12%
Lower back problems	22%
Depression	31%
Learning problems	43%
Diabetes	30%
Carpal tunnel syndrome	36%
Fibromyalgia	32%
AIDS	46%
Environmental hypersensitivity	18%
Dyslexia	42%
Kidney disease	35%
Behavior disorder	34%

Table 4: Non-disabling conditions identified as disabilities by respondents

Condition	Percent of respondents identifying condition as disability
Compulsive gambling	13%
Transvestism	9%
Gender identity disorder	11%
Current illegal drug user	10%
Pedophilia	17%
Homosexuality	5%

To answer research question three: "How does program influence attitudes toward people with disabilities?" an ANOVA was performed. The means for the programs can be found in Table 5. When significant differences were not found overall, $F(3, 174)=.485$, $p<.70$), a t-test of independent samples was conducted. After all the groups who saw programming that portrayed a disability were collapsed, the mean ATDP score ($M=112.04$) was compared with that of the control group ($M=116.16$). The t-test also showed a non-significant relationship, $t(176)=1.199$, $p<.24$).

Table 5: ADTP mean score by video clip seen

Program	ATDP mean score
60 Minutes	112.51
Nightline	111.82
The Practice	111.84
Control video (*Dateline*)	116.16

Before answering research questions four, five, and six, indices for each of four approaches to euthanasia were created by taking all the questions that related to each of the four approaches (active, passive, voluntary, involuntary) and computing an overall mean from all those questions. The mean was used because each index had a different base number of questions. (See Table 6.)

Table 6: Euthanasia Indices

Index	Questionnaire items
Active euthanasia index	37, 40, 47, 48
Passive euthanasia index	39, 42, 44, 45, 46, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58
Voluntary euthanasia index	37, 42, 45, 47, 49, 51, 53, 55, 57
Involuntary euthanasia index	38, 44, 46, 48, 50, 52, 54, 56, 58

To answer research question four: "How does program influence attitudes toward euthanasia?" a series of ANOVAs were conducted. The first set of ANOVAs were conducted to see if there was a relationship between attitude toward a specific type of euthanasia and whether or not the program had a disability portrayal. The first ANOVA examined the relationship between disability portrayal in the video and attitude toward active forms of euthanasia; it was not significant (on a scale from 1 to 6 with 1 being very unacceptable and 6 being very acceptable, $M_{\text{control}}=2.78$ and $M_{\text{disability}}=2.75$), $F(1, 219)=.055$, $p<.82$). The second ANOVA looked at the relationship between disability portrayal and attitude toward passive forms of euthanasia; it also was not significant ($M_{\text{control}}=3.71$ and $M_{\text{disability}}=3.62$), $F(1, 220)=.299$, $p<.59$). The third ANOVA examined the relationship between disability portrayal and attitude toward forms of voluntary euthanasia; it was not significant ($M_{control}$=3.71 and $M_{disability}$=3.71), $F(1, 220)=.001$, $p<.98$). The fourth ANOVA examined the relationship between disability portrayal and attitude toward forms of involuntary euthanasia; it was not significant ($M_{control}$=3.43 and $M_{disability}$=3.23), $F(1, 219)=1.84$, $p<.18$).

The relationship between single questionnaire items that dealt overall with approaches to euthanasia and the bivariate variable of disability portrayal in the video stimulus was examined. In this set of four ANOVAs, significant relationships were found for two of the single variables: involuntary euthanasia and withholding treatment. For involuntary euthanasia, the ANOVA was strongly significant ($M_{control}$=3.78 and $M_{disability}$=3.05), $F(1, 215)=10.21$, $p<.01$). For withholding treatment, the ANOVA was moderately significant ($M_{control}$=3.42 and $M_{disability}$=2.89), $F(1, 218)=4.37$, $p<.04$). Statistically significant relationships for voluntary euthanasia or direct euthanasia were not found.

To test hypothesis two: "Individuals who have had more contact with people with disabilities and who saw a portrayal of disability in the video stimulus will have different attitudes toward people with disabilities than people who did not see a portrayal of disability in the video stimulus," an ANOVA was performed, $F(14, 143)=2.60$, $p<.01$. The ANOVA showed a main effect of contact on ATDP score, $F(7, 143)=3.70$, $p<.01$), but did not show a significant influence of video on ATDP score ($M_{control}$=109.39 and $M_{disability}$=107.02), $F(1, 143)=.746$, $p<.39$), or contact x video on ATDP score, $F(6, 143)=1.39$, $p<.23$).

To answer research question five: "Do attitudes toward euthanasia differ depending on whether euthanasia is active or passive?" the active euthanasia index and the passive euthanasia index were compared using a paired-samples t-test. The t-test showed a significant difference between the favorability of active euthanasia (M=2.76 on scale of 1 to 6) and passive euthanasia (M=3.64), $t(229)=-12.793$, $p<.01$). Passive euthanasia therefore is more favorable than active euthanasia.

To answer research question six: "Do attitudes toward euthanasia differ depending on whether euthanasia is voluntary or involuntary?" the index for voluntary euthanasia and the index for involuntary euthanasia (See above discussion related to research question four.) were compared using a paired-samples t-test. The t-test showed a significant difference between the favorability of voluntary euthanasia (M=3.71 on scale of 1 to 6) and involuntary euthanasia (M=3.27), $t(229)=12.843$, $p<.01$). Voluntary euthanasia is seen as more favorable than involuntary euthanasia.

Discussion

Overall, this study partially supports what other researchers have found about attitudes toward people with disabilities. Contact was the most important variable that affected attitudes toward people with disabilities; this supports the findings in research by Yuker (1994). Analysis of variance for contact x ATDP score was significant, and chi-square analysis of contact x low/high ATDP score (translating to negative/positive attitudes) also was significant.

While mediated portrayals were shown to have an effect in previous research (Byrd & Elliott, 1988; Byrd & Elliott, 1984), in this study the programming did not have a strong impact on attitudes toward people with disabilities. There are a few possible explanations for this finding. First, the programming may not have provided a positive portrayal, which Byrd and Elliott (1988) note is important for influencing positive attitudes. Second, the programming may not have been perceived as relating to people with disabilities even though each of the experimental stimuli had a storyline that revolved around an individual with Lou Gehrig's disease. Further research like Byrd and Elliott's that compares strongly positive portrayals with less positive portrayals rather than focusing on an issue that affects not only people with disabilities but the elderly, terminally ill, and others, may support previous findings.

This study supports recent polls by CBS News and Gallup that have shown a majority of people support euthanasia in some circumstances. More than three-fourths of the respondents agreed that voluntary euthanasia should be permitted. Interestingly, despite the *Quinlan* and *Cruzan* decisions, only 39% believed that withholding treatment is appropriate. Also, while 55% of respondents disagreed that direct action designed to terminate life is appropriate, 42% of respondents agreed that direct injection (active euthanasia) should be permitted. The small difference in support for active euthanasia versus withholding treatment may be a question of the humanity of the treatment. It seems perhaps less humane to allow someone to starve slowly or to die of dehydration rather than to provide a quick, relatively painless injection to induce death. Indeed, this is what Thomas Youk was pleading for: a quick, painless death rather than choking to death on his own saliva.

In terms of research question two, there are some similarities among the conditions respondents identified as disabilities. Respondents were not asked to list specifically why they considered some conditions to be disabilities and not others, nor were Q-methodology, paired comparison scales, adjective checklists, or rankings used (Antonak, 1988) that may have provided a method of systematically analyzing the characteristics of these conditions. However, similar traits were found using the dimensions other researchers have identified in previous research on attitudes toward people with disabilities (Esses & Beaufoy, 1994; Schmelkin, 1988; Yuker, 1994).

More than three-fourths of respondents indicated that quadriplegia, paraplegia, wheelchair user, amputee, cerebral palsy, multiple sclerosis, muscular dystrophy, Lou Gehrig's disease, Parkinson's disease, Alzheimer's disease, Down's syndrome, mental retardation, traumatic brain injury, blindness and deafness were disabilities. All of these are well-known physical disabilities except mental retardation and Alzheimer's. All except mental retardation, traumatic brain injury, and Alzheimer's are visible disabilities. People who are blind generally use white canes or service animals. People who are deaf often use interpreters and/or sign language. Even Down's syndrome, which affects the mental functioning level of an individual, has some physical attributes that make a person with Down's syndrome physically recognizable.

Some of the disabilities that were considered disabilities by a smaller majority of respondents included autism, cancer, epilepsy, schizophrenia, visual impairment, post-polio syndrome, mental illness, and hearing impairment. These disabilities also are well-known, but they are less visible to the naked eye and as such may not be as easily recognized as disabilities.

It is concerning but not surprising that the disabilities that were not identified by a majority of respondents include less visible, less physical disabilities such as HIV-positive status, learning problems, dyslexia, environmental hypersensitivity, and depression. Some of these unidentified disabilities can also be characterized as behavioral or emotional and as such they may be perceived as more controllable (Esses & Beaufoy, 1994). Perhaps, as

Byrd and Elliott (1988) suggested, more positive and accurate portrayals in the media could have a positive effect on attitudes toward people with these disabilities. And, by identifying such conditions as disabilities in media portrayals, increased awareness of these conditions as disabilities could result. On a positive note, the distractors in this list of disabling conditions were identified by only a small minority of respondents (5% to 17%) as disabilities.

While the findings did not show a significant relationship between portrayal of disability and attitudes toward various forms of euthanasia as index variables, when conducting analyses of variance for single attitudinal items x portrayal of disability, significant relationships were discovered. This could suggest an inadequacy of the items used in the index. More research could determine the adequate number and proper items for inclusion in such an index.

Finally, attitudes toward euthanasia do differ depending on whether euthanasia is active or passive and whether it is voluntary or involuntary. Paired-samples t-tests showed significant relationships, with passive and voluntary euthanasia being seen as more favorable than active and involuntary euthanasia. This may relate to the cultural and religious norms of American society (Fletcher, 1989; Greenberg, 1997; Hoefler, 1994) as well as the fear that members of vulnerable populations will be coerced into euthanasia (Fleck, 1993; Fleck, 1995; Koop, 1989b; Shewmon, 1989).

Implications

While this research did not support media portrayal as a factor affecting attitude toward people with disabilities, it did support an effects model of media influence as attitudes toward certain forms of euthanasia were related to media portrayal of disability. Further research should continue to investigate whether media portrayals affect attitudes toward people with disabilities.

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Appendix A: Questionnaire

Directions: The following questionnaire solicits your opinions about a range of contemporary issues. Some of the questions may be related to the video clip you have just seen. There are no right or wrong answers. For each of the following items, please choose the one answer that best represents your opinion. You do not have to answer any question you do not wish to answer.

For the next set of questions, please note your level of agreement with the statement by marking on the continuum from (1) very unacceptable to (5) very acceptable.

	Very Unacceptable 1	Somewhat Unacceptable 2	Neutral 3	Somewhat Acceptable 4	Very Acceptable 5
1. Gathering news using hidden microphones and/or cameras	1	2	3	4	5
2. Monitoring competition's radio frequencies for news tips	1	2	3	4	5
3. Asking a subject to reread part of his public speech after the event because of equipment failure earlier	1	2	3	4	5
4. Lifting information from published sources without attribution	1	2	3	4	5
5. Using video of an elected official entering a gay bar when doing a story on AIDS among homosexuals	1	2	3	4	5
6. Using video of a pastor entering an adult bookstore when doing a story on citywide pornography	1	2	3	4	5
7. Airing a controversial story without covering both sides of the issue	1	2	3	4	5
8. Editing an interview so as to intentionally reveal positive or negative images of the interviewee	1	2	3	4	5
9. Showing a clip of an elected official giving an obscene gesture to a heckler at a political rally	1	2	3	4	5
10. Hiring an attractive anchorperson with less skill rather than a less attractive anchorperson with more skill	1	2	3	4	5

For the next set of questions, please note your level of agreement with the statement by marking on the continuum from (1) very unacceptable to (5) very acceptable.

	Very Unacceptable 1	Somewhat Unacceptable 2	Neutral 3	Somewhat Acceptable 4	Very Acceptable 5
11. Hiring an attractive female reporter with less skill rather less attractive female reporter with more skill	1	2	3	4	5
12. Showing a protest movement where someone shouts, "Jew Bastard, Nigger Lover"	1	2	3	4	5
13. Showing a convicted killer being led from the courtroom, shouting any of the seven dirty words	1	2	3	4	5
14. Airing what is obviously another incident in a long series of violent copycat crime	1	2	3	4	5
15. Accepting gifts from outside agencies	1	2	3	4	5
16. Using or selling free tickets given by businesses or corporations	1	2	3	4	5
17. Covering business corruption by a major advertiser on your station	1	2	3	4	5
18. Allowing a reporter endorsement of a product for a television commercial	1	2	3	4	5
19. Granting interviews to terrorists	1	2	3	4	5
20. Airing video provided by someone outside your news organization	1	2	3	4	5
21. Protecting confidential sources of information in a criminal investigation (regardless of applicable state laws)	1	2	3	4	5
22. Permitting law enforcement officials to see outtakes of a confession to a felony	1	2	3	4	5
23. Revealing names or identities of juveniles connected with a felony	1	2	3	4	5

For the next set of questions, please note your level of agreement with the statement by marking on the continuum from (1) very unacceptable to (5) very acceptable.

	Very Unacceptable 1	Somewhat Unacceptable 2	Neutral 3	Somewhat Acceptable 4	Very Acceptable 5
24. Revealing names of rape victims	1	2	3	4	5
25. Airing video testimony from a bank employee that describes a fugitive bank robber	1	2	3	4	5
26. Interviewing close relatives of dead crime victims	1	2	3	4	5
27. Interviewing close relatives of suicide victims	1	2	3	4	5
28. Showing the dead victims of an accident or tragedy	1	2	3	4	5
29. Showing visual details of how a suicide was accomplished	1	2	3	4	5
30. Showing a suicide victim as she or he is committing suicide	1	2	3	4	5
31. Showing death as it occurred when victim is recognizable	1	2	3	4	5
32. Showing death as it occurred when victim is unrecognizable	1	2	3	4	5
33. Showing bloodstains on the bedroom sheets from a stabbing death	1	2	3	4	5
34. Showing the reaction of a next-of-kin at the time that person is being told that a relative has been killed	1	2	3	4	5
35. Hiring a non-disabled reporter with less skill and experience rather than a disabled reporter with more skill and experience	1	2	3	4	5

Please mark each of the following with 1 to 6, depending on how much you agree with the statement. 1=I disagree very much; 2=I disagree pretty much; 3=I disagree a little; 4=I agree a little; 5=I agree pretty much; 6=I agree very much.

	Disagree Very Much 1	Disagree Pretty Much 2	Disagree A Little 3	Agree A Little 4	Agree Pretty Much 5	Agree Very Much 6
36. Family members, in consultation with medical personnel, should be able to make end-of-life decisions for their loved ones	1	2	3	4	5	6
37. Voluntary euthanasia, where the person wishes to die and consents to the action that will make it happen, should be permitted	1	2	3	4	5	6
38. Involuntary euthanasia, where the person is unable to consent (perhaps because of being in a coma), should be permitted	1	2	3	4	5	6
39. Withholding treatments, including feeding tubes, artificial respirators, and other life-sustaining machines, is appropriate	1	2	3	4	5	6
40. Taking direct action designed to terminate life, including providing direct lethal injections, is appropriate	1	2	3	4	5	6
41. If I were on life support systems and there was no hope of recovering, I would like to remain on life support systems	1	2	3	4	5	6
42. If I were on life support systems and there was no hope of recovering, I would like to have treatment withheld (including CPR) so I could end my life	1	2	3	4	5	6
43. If a family member were on life support systems and there was no hope of recovering, I would like him or her to remain on life support systems	1	2	3	4	5	6
44. If a family member were on life support systems and there was no hope of recovering, I would like treatment withheld (including CPR) so he/she could end his/her life	1	2	3	4	5	6

Please mark each of the following with 1 to 6, depending on how much you agree with the statement. 1=I disagree very much; 2=I disagree pretty much; 3=I disagree a little; 4=I agree a little; 5=I agree pretty much; 6=I agree very much.

	Disagree Very Much 1	Disagree Pretty Much 2	Disagree A Little 3	Agree A Little 4	Agree Pretty Much 5	Agree Very Much 6
45. If I were about to die of natural causes (within 6-12 months), I would refuse the treatment that would keep me alive (such as drugs, fluids, food by tubes, breathing machines, heart massage, etc.)	1	2	3	4	5	6
46. If a family member were about to die of natural causes (within 6-12 months) I would refuse the treatment that would keep him or her alive (such as drugs, fluids, food by tubes, breathing machines, heart massage, etc.)	1	2	3	4	5	6
47. If I were terminally ill, but would survive for another 2 to 5 years with declining health, I would choose to end my life through direct action (such as lethal injection)	1	2	3	4	5	6
48. If a family member were terminally ill but would survive for another 2 to 5 years with declining health, I would choose to end his/her life through direct action (such as lethal injection)	1	2	3	4	5	6
49. If I were permanently unconscious in a persistent vegetative state, I would not want the treatment that would keep me alive (such as food and fluids by tubes)	1	2	3	4	5	6
50. If a family member were permanently unconscious in a persistent vegetative state, I would refuse the treatment that would keep him or her alive (such as food and fluids by tubes)	1	2	3	4	5	6
51. If I were terminally ill or in an irreversible coma, I not want the treatment that would keep me alive (such as life support systems, including food and water)	1	2	3	4	5	6

Please mark each of the following with 1 to 6, depending on how much you agree with the statement. 1=I disagree very much; 2=I disagree pretty much; 3=I disagree a little; 4=I agree a little; 5=I agree pretty much; 6=I agree very much.

	Disagree Very Much 1	Disagree Pretty Much 2	Disagree A Little 3	Agree A Little 4	Agree Pretty Much 5	Agree Very Much 6
52. If a family member were terminally ill or in an irreversible coma, I would refuse the treatment that would keep him or her alive (such as life support systems, including food and water)	1	2	3	4	5	6
53. If I were in a coma with no brain activity, I would not want the treatment that would keep me alive (such as a feeding tube)	1	2	3	4	5	6
54. If a family member were in a coma with no brain activity, I would refuse the treatment that would keep would keep him or her alive (such as a feeding tube)	1	2	3	4	5	6
55. If I were on life support systems with no hope of recovery, I would not want the treatment that would keep me alive (such as life support systems)	1	2	3	4	5	6
56. If a family member were on life support systems with no hope of recovery, I would refuse the treatment that would keep him or her alive (such as life support systems)	1	2	3	4	5	6
57. If I were in a coma but experiencing no pain, I would not want the treatment that would keep me alive	1	2	3	4	5	6
58. If a family member were in a coma but experiencing no pain, I would refuse the treatment that treatment that would keep him or her alive	1	2	3	4	5	6
59. Providing palliative care (increased doses of drugs that relieve pain) is appropriate	1	2	3	4	5	6

Please mark each of the following with 1 to 6, depending on how much you agree with the statement. 1=I disagree very much; 2=I disagree pretty much; 3=I disagree a little; 4=I agree a little; 5=I agree pretty much; 6=I agree very much.

	Disagree Very Much 1	Disagree Pretty Much 2	Disagree A Little 3	Agree A Little 4	Agree Pretty Much 5	Agree Very Much 6
60. Family members should make end-of-life decisions for an incompetent patient based on what the family perceives to be the patient's best interest	1	2	3	4	5	6
61. Caregivers who forgo life-sustaining treatment are participating in assisted suicide	1	2	3	4	5	6
62. Caregivers who provide pain medication that hastens death as an unintended side effect are participating in assisted suicide	1	2	3	4	5	6
63. There exists an ethically important important distinction between withholding and withdrawing life-sustaining medical treatment	1	2	3	4	5	6
64. Patients must be terminally ill before end-of-life treatment decisions can be made	1	2	3	4	5	6
65. Artificially administered food and water must always be provided	1	2	3	4	5	6
66. CPR must always be administered	1	2	3	4	5	6
67. The elderly and disabled have a duty to select comfort care only when they become sick or frail	1	2	3	4	5	6
68. The elderly and disabled have a duty to choose the most cost-efficient care, including refusing care	1	2	3	4	5	6
69. The elderly and disabled may be coerced into refusing care by relatives or physicians	1	2	3	4	5	6
70. The elderly and disabled may refuse care because they don't believe they have other choices	1	2	3	4	5	6

Please mark each of the following with 1 to 6, depending on how much you agree with the statement. 1=I disagree very much; 2=I disagree pretty much; 3=I disagree a little; 4=I agree a little; 5=I agree pretty much; 6=I agree very much.

	Disagree Very Much 1	Disagree Pretty Much 2	Disagree A Little 3	Agree A Little 4	Agree Pretty Much 5	Agree Very Much 6
71. Limited health-care resources should be allotted to those who will return to a good quality of life after treatment rather than to those who are hopelessly ill	1	2	3	4	5	6
72. Is it ethical for news stations to promote sensational news during sweeps (a time when ratings are measured to help determine advertising prices)	1	2	3	4	5	6
73. Disabled persons are usually friendly	1	2	3	4	5	6
74. People who are disabled should not have to pay income taxes	1	2	3	4	5	6
75. Disabled people are not more emotional than other people	1	2	3	4	5	6
76. Disabled persons can have a normal social life	1	2	3	4	5	6
77. Most physically disabled persons have a chip on their shoulder	1	2	3	4	5	6
78. Disabled workers can be as successful as other workers	1	2	3	4	5	6
79. Very few disabled persons are ashamed of their disabilities	1	2	3	4	5	6
80. Most people feel uncomfortable when they associate with disabled people	1	2	3	4	5	6
81. Disabled people show less enthusiasm than non-disabled people	1	2	3	4	5	6
82. Disabled people do not become upset any more easily than non-disabled people	1	2	3	4	5	6

Please mark each of the following with 1 to 6, depending on how much you agree with the statement. 1=I disagree very much; 2=I disagree pretty much; 3=I disagree a little; 4=I agree a little; 5=I agree pretty much; 6=I agree very much.

	Disagree Very Much 1	Disagree Pretty Much 2	Disagree A Little 3	Agree A Little 4	Agree Pretty Much 5	Agree Very Much 6
83. Disabled people are often less aggressive than normal people	1	2	3	4	5	6
84. Most disabled persons get married and have children	1	2	3	4	5	6
85. Most disabled persons do not worry more than anyone else	1	2	3	4	5	6
86. Employers should not be allowed to fire disabled employees	1	2	3	4	5	6
87. Disabled people are not as happy as non-disabled people	1	2	3	4	5	6
88. Severely disabled people are harder to get along with than those with minor disabilities	1	2	3	4	5	6
89. Most disabled people expect special treatment	1	2	3	4	5	6
90. Disabled persons should not expect to lead normal lives	1	2	3	4	5	6
91. Most disabled people tend to get discouraged easily	1	2	3	4	5	6
92. The worst thing that could happen to a person would be for him or her to be very severely injured	1	2	3	4	5	6
93. Disabled children should not have to compete with non-disabled children	1	2	3	4	5	6
94. Most disabled people do not feel sorry for themselves	1	2	3	4	5	6

Please mark each of the following with 1 to 6, depending on how much you agree with the statement. 1=I disagree very much; 2=I disagree pretty much; 3=I disagree a little; 4=I agree a little; 5=I agree pretty much; 6=I agree very much.

	Disagree Very Much 1	Disagree Pretty Much 2	Disagree A Little 3	Agree A Little 4	Agree Pretty Much 5	Agree Very Much 6
95. Most disabled people prefer to work with other disabled people	1	2	3	4	5	6
96. Most severely disabled persons are not as ambitious as other people	1	2	3	4	5	6
97. Disabled persons are not as self-confident as physically normal persons	1	2	3	4	5	6
98. Most disabled persons don't want more affection and praise than other people	1	2	3	4	5	6
99. It would be best if a disabled person would marry another disabled person	1	2	3	4	5	6
100. Most disabled people do not need special attention	1	2	3	4	5	6
101. Disabled persons want sympathy more than other people	1	2	3	4	5	6
102. Most physically disabled persons have different personalities than normal persons	1	2	3	4	5	6

Please circle the answer that best describes you.

103. Gender Male Female

104. Ethnicity Caucasian Hispanic non-white African American Asian Pacific Islander Other

105. How would you describe your political ideology?

Very conservative Conservative Moderate Liberal Very Liberal

106. Do you consider yourself a person with a disability? Yes No

107. Do you have one or more family members with a disability? Yes No Don't Know

108. Do you have one or more friends with a disability?	Yes	No	Don't Know
109. Do you know anyone with a disability?	Yes	No	Don't Know
110. Are you a major caregiver of a person with a disability?	Yes	No	Don't Know
111. Do you think the broadcast media are ethical?	Yes	No	Don't Know

112. Please circle any of the following you consider a disability or a disabling condition.

Quadriplegia
Traumatic Brain Injury
HIV+
Post-Traumatic Stress Disorder
Asthma
Amputee
Down's Syndrome
Compulsive Gambling
Lou Gehrig's Disease
Autism
Cancer
Parkinson's Disease
Anxiety Disorder
Recovering Drug Addict
Cerebral Palsy
Muscular Dystrophy
Lower Back Problems
Depression
Learning Problems
Blindness
Alzheimer's Disease
Epilepsy
Transvestism
Bipolar Disorder
Diabetes
Schizophrenia
Carpal Tunnel Syndrome
Fibromyalgia
Deafness
Mental Retardation
AIDS
Environmental Hypersensitivity
Visual Impairment
Gender Identity Disorder
Paraplegia
Dyslexia
Current Illegal Drug User
Pedophilia
Multiple Sclerosis
Homosexuality
Anxiety Disorder
Wheelchair User
Post-Polio Syndrome
Mental Illness
Kidney Disease
Hearing Impairment
Speech Impairment
Behavior Disorder

113. How many hours did you watch television yesterday?

0-2 hours
3-5 hours
6-8 hours
9-11 hours
12+ hours

114. How many hours do you estimate you watch television each weekday?

0-2 hours
3-5 hours
6-8 hours
9-11 hours
12+ hours

Please write your answers to the following in the space provided

115. Please list your five favorite television programs in order from (1) most favorite to (5) least favorite.

(1)

(2)

(3)

(4)

(5)

116. What do you think was the purpose of this study?

Print Advertising Images of the Disabled: Exploring the Impact on Nondisabled Consumer Attitudes

Zenaida Sarabia Panol

Assistant Professor
Department of Mass Communication
Old Main 204
Southwest Texas State University
San Marcos, TX 78666
Tel: [512] 245-3479
Fax: [512] 245-7649
E-mail: MS16@SWT.Edu

and

Michael McBride

Professor and Acting Chair
Department of Mass Communication
Old Main 118
Southwest Texas State University
San Marcos, TX 78666
Tel: [512] 245-3412
Fax: [512] 245-7649
E-mail: MM29@SWT.Edu

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Print Advertising Images of the Disabled: Exploring the Impact on Nondisabled Consumer Attitudes

Abstract

This research evaluated the impact of advertisements featuring physically-disabled persons on perceptions, feelings, and behavior of nondisabled audiences. No significant differences were found between responses toward disability and nondisability ads, pointing to possible mainstreaming effects. However, gender and status of disabled persons in advertisements appeared to influence negative assessments of advertising portraying physically-disabled females with nondisabled males. Frequency of exposure to ads portraying disabled persons also seems to determine the direction of attitudinal responses.

Print Advertising Images of the Disabled: Exploring the Impact on Nondisabled Consumer Attitudes

Introduction

The last decade of this millennium will be most remembered by the nation's 43 or so million people with physical and mental limitations due to the passage of the Americans with Disabilities Act of 1990. This legislation is a historic landmark in at least three ways: it 1] guaranteed rights in employment, housing, and transportation; 2] signaled a new public awareness that those with disabilities have rights just like other Americans; and 3] spawned a new disability culture that is militant, empowering, and committed to seek fair treatment for themselves [Nelson, 1994].

But society did not always look at or treat disability this way in the past. According to Wolfe [1996], public attitudes toward the disabled in general combine sentiment, stereotype, ignorance, and curiosity.

Disability and the Mass Media

The shifts in perception and behavior that led to the promulgation of the Americans with Disabilities Act are a far departure from centuries of negative stereotyping, among the possible sources or perpetrators of which are the mass media. Movies and television stigmatized the handicapped population [Leonard, 1978].

In tracing a legacy of media negativism, Nelson [1994] identified seven major stereotypes of the disabled that dominated film and television, namely: the disabled person as a] pitiable and pathetic, b] supercrip or one who succeeds against the odds through sheer heroic determination, c] sinister, evil, and criminal, d] better-off dead, e] maladjusted and his own worst enemy, f] a burden, and g] unable to live a successful life. Finding similar criticisms of the portrayal of disability and disability issues in mainstream British broadcasting, Ross [1997] concluded that "what disabled audiences want is an acknowledgement of the fact that disability is a part of daily life and for the media to reflect that reality, removing the insulting label of 'disabled' and making it ordinary" [p. 676].

Leonard's study [1978] also showed that disabled characters in U.S. television were usually children of low social and economic status, often institutionalized, and objects of pity. Elliott and Byrd [1982], in their work that included film, literature, and

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television during the late 1970s, found either an absence of portrayals of the disabled or a preponderance of negative images of pitiful beggars, bizarre-looking mental patients, and menacing villains. These studies tend to confirm lingering suspicions of society's generally unfavorable attitudes toward the disabled and the media's role in maintaining or reinforcing such attitudes [Donaldson, 1981; Longmore, 1985].

However, in the last few decades, several improvements in the portrayal by the media of persons with disabilities began to surface. All three major television networks, for instance, carried programs showcasing a reversal of the traditional stereotypes. In 1991, NBC's "Reasonable Doubts" series featured actress Marlee Matlin as a district attorney who was incidentally deaf, communicating through sign language. Actor Jim Burns, whose 1972 car accident left him a paraplegic, played the character "Lifeguard" in a wheelchair on the early 1990s CBS show, "Wiseguys." For its part, ABC dramatized the saga of a family with a teenager having Down syndrome, considered one of television's boldest steps in the presentation of mental retardation in the late 1980s.

Recently, popular movies such as *Coming Home, Children of a Lesser God, My Left Foot,* and *Forrest Gump*, apart from getting critical acclaim and box-office success also told stories of the disabled as human beings with hopes, talents, feelings, and personalities, thereby promoting a better understanding of this long maligned but significant minority group.

In print, Byrd [1977] found that *Time* and Newsweek were periodical leaders in disability coverage. The 15 magazines chosen for the study covered drug abuse more than any other disability, followed by alcoholism, heart disease, and mental illness. Nelson [1996] also noted that, although publications serving those with disabilities have been around for more than half a century, attention given to them as a group is a fairly recent phenomenon. A proliferation of this type of publication has likewise been observed. Charles Winston, whom Nelson [1996] calls the dean of those who study such periodicals, identified 70 disability magazines, about 40 newspapers, 330 newsletters, 40 radio/TV programs, 15 recurring newspaper columns, and other specialized media in his 1995 directory.

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Advertising Portrayals of the Disabled

The advertising field has likewise shown sensitivity to disability issues. Longmore [1987] noted that positive images of disability started to appear in television commercials in the 1980s. Levi's and McDonald's television advertisements portrayed wheelchair athletes living normal lives and having relationships with nondisabled persons. A sales circular for Target discount stores pictured a child in a wheelchair.

The 1990s saw a growing trend toward realistic, positive, more varied, and even humorous depictions of the disabled as exemplified by a Budweiser ad featuring an athlete in a wheelchair working out while his attractive girlfriend watched impressively as he lifted weights. Ray Charles, the blind musician in another television commercial, was handed a Diet Coke instead of a Diet Pepsi that he has asked for, while Joe Montana, the famous San Francisco Forty-Niner quarterback laughed at the confusion [Nelson, 1996].

These ads, Longmore [1987] wrote, not only included the handicapped in efforts to promote products, but they also reached out to disabled Americans as a market and audience. More importantly, the current crop of advertising rejects "the fear that nondisabled consumers will be distressed or offended" [p.77].

Some advertisements, however, such as those of Dow Chemical and Burger King, where persons with Down syndrome took center stage, stirred public controversy. Critics said the ads were exploitative and condescending. Supporters insist that the ads are a significant breakthrough in depicting the mentally handicapped, perhaps the last untapped group in the new genre of disability advertising [Goldman, 1993].

Meeks [1994], in a *Dallas Morning News* article stated that the inclusion of people with disabilities in advertising is not only a recognition of the need to represent and appeal to all consumers but also of the increasing importance of this market segment. The hope is that the increasing trend toward featuring physically impaired persons in mainstream media will help dispel stereotypes and make disability part of the social and mental landscape. The question is -- is this really happening? As the "invisible minority" becomes more visible, what is the impact of this trend on the attitudes of the nondisabled public?

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Literature Review

Focus is on empirical research measuring the effects of advertising on public attitudes in order to distinguish foregoing discussion of media trends in the portrayal of the handicapped population and actual studies that empirically tested the impact of advertising images of the disabled on public perceptions or attitudes.

Farnall [1996] examined the influence of positive television advertising images on previously held attitudes toward the disabled. Using experimental design, three commercials for national brand products were shown to 221 undergraduates from a large southeastern university. The independent variables tested were varied exposure levels of positive stereotypes of disabled characters in the commercials, time lag, and amount of elaboration. The experiment also looked at gender and personal familiarity with disability. No significant changes overall were indicated, although differences were determined based on degree of familiarity and previous exposure to television and film portrayals.

The differences can be explained in part by results of the 1991 survey commissioned by the National Organization on Disability which highlighted the fact that one in three Americans are personally familiar with a handicapped person. The survey also found that a significant percentage of Americans who have seen at least two television programs or movies reported a change of attitude toward the disabled. Not only are they more knowledgeable but are more likely to be supportive of programs that increase their participation.

In addition to the NOD survey, support of the idea that familiarity leads to acceptance of the disabled is also found in rehabilitation literature [Donaldson, 1980; Nivneh, 1982; Haring & Breen, 1992].

In a much earlier study that attempted to directly measure the impact of advertising messages about the disabled on public attitudes, Haefner [1976] found that 10 different prime time television spots did encourage employers to hire and train persons with disabilities. This particular experiment tested the effect of a "hire the handicap" advertising campaign directed to business people in Peoria and Rockford, Illinois who were in the

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market for additional employees. Results were then compared with a control group in Decatur, Illinois that saw no treatment ads. Not only were there higher recall and comprehension rates than are usual for information campaigns, the treatment groups indicated positive behavioral intention to hire handicapped applicants.

Other research also suggests that greater familiarity and acceptance by nondisabled audiences result from increased exposure of disabled people especially in roles that show they can function in society [Hopkins & Nestleroth, 1991].

In a two-part case study undertaken to develop a consumer/market profile of a disabled person, draw media consumption patterns, and assess if disability advertisements reflect this target market, Ganahl and Kallem [1998] found a considerable under-representation of persons with disabilities in current advertising. The self-interview also showed that physically-impaired individuals have similar backgrounds, lifestyles, and purchasing habits as those without handicaps. Since being inclusive of physically impaired models in the media has demonstrated positive value, the researcher concluded that it makes logical and good business sense to include the disabled in advertising for all types of products.

Although there are only a few studies that empirically measure the effects of advertising messages depicting handicapped people on public attitudes, a number explored feelings, beliefs, and concerns toward the disabled. For example, Kent [1994] found that much of the negative affect and feeling of discomfort stems from uncertainty among college student respondents about appropriate role expectations and role enactment. In analyzing the effect of recognizing a disability and initiating interaction between a disabled and nondisabled person, Sagatun [1985] reported that the non-impaired person feels uncomfortable about initiating contact with the handicapped. The preference was for the disabled to initiate conversation. And if a conversation occurs, the topic affects acceptance of the disabled person. When a handicapped person discusses engaging in typical or athletic activities, feelings of discomfort on the part of the nondisabled tend to dissipate, a situation that facilitates acceptance [Belgrave, 1984].

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The 1991 NOD survey, in fact, also acknowledged that the public views the disabled as "fundamentally different than the rest of the population, feeling admiration and pity most often" [p. vii]. And although the public says its relationships with the disabled are generally stress free, over half of those surveyed indicated feeling awkward in certain situations where the impaired person may need help. Despite uneasy feelings, the public was found to have a generally tolerant attitude toward the disabled.

Applicable Theories

Because advertising is a form of persuasive communication, any study that deals with it would find relevance in theories about attitude development and change as well as mass communication theories.

Of several media effects theories, the limited effects model (Klapper, 1960) serves as the umbrella theory and main organizing principle in succeeding discussion of various attitude formation and attitude change theories. The model states that mediating factors such as selective perception, exposure, and retention; group processes and norms; and opinion leadership typically render mass communication a "contributory agent, but not the sole cause, in a process of reinforcing the existing conditions ...", p. 8). One key study that led to the view of mass communication as having minimal effects was Hovland's Army research showing that films were effective in transmitting information but not in altering attitudes [Severin & Tankard, 1992].

Byrd [1989] discussed a number of attitude formation theories in the context of media portrayals of the handicapped population. They include Tolman's [1932] expectancy value theory, Bandura's & Walter's [1963] social learning, Heider's [1946] balance theory, Osgood's & Tannenbaum's [1955] congruity principle, Festinger's [1957] cognitive dissonance, and Heider's attribution theory.

Donaldson [1981] used the media exposure and attitude change framework to support the claim that even neutral portrayals of the disabled can lead to perceptual changes and reduce feelings of discomfort among the nondisabled.

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In Farnall's investigation [1996], Berkowitz's [1973] priming effects model was chosen to explain the influence of advertising depictions of the disabled. This model postulates that mass media stimuli can activate related events or meanings in people's minds. Hence, advertising 'primes' the recall or access of associated phenomena.

Various theoretical perspectives were advanced by Moriarty [1996] to drive the importance of coordinating and integrating advertising messages for maximum audience impact or synergy. Many were along some lines that Byrd covered. For instance, the idea that advertising uses the concept of perceptual maps to identify the location of a product in people's minds has roots in Tolman's expectancy value theory. The principle posits that audiences develop cognitive maps and expectations of their world based on how they have organized information about it and past experiences with it that are stored in their minds.

The ultimate goal of advertising is to influence people's perceptions or knowledge structures about products and services in order to persuade them to try, buy, or continue use of these products/services. Preston [1982] and Thorson [1984] proposed the associative or conditioning model as a general theory to explain how advertising works. At the crux of this model is a concept related to the social learning principle which predicts that, once a stimulus evokes a particular response, a similar pattern of stimulus and response will occur.

Cognitive response theorists suggest that persuasive messages like advertising are mediated by the thoughts and feelings generated by the receiver as the communication is processed [Mehta & Davis, 1990; Ostrom, Petty & Brock, 1981]. These mediators may or may not be reflected in the advertising material because anything and everything that has registered in the past about a product or company could surface in a particular communication situation.

Mention of consistency theories [Heider's Equilibrium, Rosenberg's Consistency, and Festinger's cognitive dissonance] is imperative because attitudes are constructed on the integration of cognitive and affective responses to information which in this study is advertising depicting the disabled. There is a complex matrix of thoughts consisting of

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likes or dislikes, knowledge, and feelings organized as an attitudinal structure. Because aspects of this matrix are interdependent, a change in one can affect the others [Moriarty, 1996].

Of related interest is Fishbein and Azjen's [1975] multivariate model of attitude formation which supposes that people perceive products or companies as 'bundles of attributes' that are built up over time from accumulated experiences and information. Such attributes have various dimensions that include salience or strength, direction [positive or negative], and scope or degree of involvement. All tend to intervene or mediate advertising effects on public attitudes.

Recognizing the complexity of an audience's attitudinal and behavioral processes involved in any communication encounter, the researchers deliberately choose not to anchor the study on a single theory. It is submitted that many theories presented will be useful in explaining or understanding the effects of print advertising that includes disabled models on the attitudinal structure of respondents.

Problem and Hypotheses

This research attempts to evaluate the impact of print advertising containing different types of visually-detected disabilities on the attitudes of nondisabled audiences.

Attitudes which are "learned predispositions to respond in a consistently favorable or unfavorable manner with respect to a given object" [Fishbein & Ajzen, 1975, p. 6] have different dimensions. Liebert [1975] proposed that attitudes have three components: cognitive, affective, and behavioral. The cognitive domain consists of beliefs or mental predispositions acquired through information given to the individual. The affective component is based on emotional reactions to a stimulus, while the behavioral element refers to the action prompted by the cognitive and affective spheres of attitudes.

Clearly, past research that investigated the impact of mass media or advertising portrayals of the disabled did not explore all three dimensions of attitudes. Some dealt with either just the cognitive or affective aspects or both. One assessed behavioral intention [Haefner, 1976], but none covered all attitudinal aspects. Most studied television or film

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which have strong affective elements as a medium [Wilcox, et al. 1998]. Very scant attention was given to print, much less print advertising. This study attempts to fill in these research gaps and hopes to contribute to the growing literature on persuasive communication, attitude formation and change, and the body of knowledge on advertising effectiveness and consumer behavior. Most importantly, it should be an evaluative addition to the emerging body of disability research.

In this study, central interests are in a] institutional advertising using the print medium, b] variations in the presentation of disabled characters by type of visually-detected impairment and gender of disabled character, and c] the influence of these stimuli on different attitudinal dimensions of viewers.

The main research question is: When a nondisabled person is shown a print advertisement that depicts different disabilities, what are the effects on his/her cognition, affect, and behavior?

It is hypothesized that:

1] There are no differences in cognition, affect, and behavior of nondisabled audiences that were shown print ads with no handicapped characters compared to those who saw ads portraying models with visually-detected impairments.

2] The gender of the disabled character in the print advertisements will have no effect on viewer attitudinal constructs.

3] There are no differences in advertising impact of ads with or without disabled characters on male and female respondents.

4] The number or frequency of exposure to print advertisements showing disabled persons is not a factor in determining direction of attitudinal responses.

Methodology

Ten print advertisements of four organizations [one charity and three corporations] were shown to 116 students of a large southwestern university. Institutional advertisements of Ronald McDonald Children's Charities, Amway, Motorola, and St. David's Medical Center were modified to exhibit different types of disabilities and variations in gender

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composition of the models depicted in the disability ads. These were then shown to nine different groups of college students. A control group was shown ads that did not have a disabled person. The other eight groups were shown from one to three ads depicting a disability. The aim of this experiment is to compare the differences in impact between an advertisement showing persons with and without disabilities.

Participants were then asked to complete a questionnaire to discern the direction of the advertisement's effect [whether positive or negative] on their perceptions, feelings, and purchase intention or behavior. A scale from one to seven was used, where one was most positive and seven most negative. The median, four, was the neutral position.

Amway, Ronald McDonald, and St. David's had two advertisements each showing persons without (Ad1) and with (Ad2) disability. Motorola had four advertisements -- one with no disability (Ad1) and three with various disability combinations (Ad2, Ad3, Ad4). In all disability ads, only one used a child in a wheelchair; the rest either had a blind or mobility-impaired male or female or both. Motorola had one ad where all characters shown were either visually- or mobility-handicapped. Portrayals of the disabled in the ads were positive. Brief descriptions of the ads follow:

Amway	Ad1 - Three smiling women without disability.
	Ad2 - Female in crutches, one blind man in black suit with guide dog, and blind woman with guide stick/cane.
Ronald McDonald	Ad1 - Smiling young boy without handicap.
	Ad2 - Smiling young boy in wheelchair holding a ball.
Motorola	Ad1 - Beaming woman and man in white shirt with necktie.
	Ad2 - Portrait of same woman and smiling man in wheelchair wearing basketball uniform.

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Ad3 - Same portrait of smiling man in Ad1 and picture of smiling woman in wheelchair.

Ad4 - Same man in Ad2 and same woman in Ad3 [both with disability].

St. David's Ad1 - Smiling man wearing white shirt with necktie seated on high chair.

Ad2 - Serious-looking man in black suit wearing eyeglasses in wheelchair.

Participants in this experimental research were informed that their participation was purely voluntary. Of the total respondents, 70 were female and 46 male. Age-wise, 107 were 19 - 29 and 9 were 35 - 52.

Statistical analysis of response data using Microsoft Excel 5.0 was performed. Means of each company's Ad1 were compared with corresponding means of Ad2 in the case of Amway, Ronald McDonald, and St. David's, and with means of Ad2, Ad3, and Ad4 for Motorola. Opportunity to test the effect of the disabled person's gender on receivers' cognition, feeling, and behavior or purchase intention occurred in the Motorola ads.

Since sample group size varied between 8 and 20 and variance differs, a *t*-test for two samples of unequal variance was used because it does not require variance to be equal. The requirements of normal distribution and random sampling are satisfied. Because the question being asked is whether the means differ, a two-tail *t*-test is applied.

To determine whether gender differences exist, the means of male respondents for each type of ad were compared with those of females. The same *t*-test for unequal variance was used. While respondent age could be a factor affecting differences in response to the ads, no analysis was conducted since the age range among participants was very narrow.

Mean responses of eight experimental groups [2 to 9] shown varying number of disability and nondisability ads were also compared with mean responses of control sample who viewed only nondisability ads to ascertain effect of frequency of exposure on respondent attitudes.

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Results and Discussion

Table 1 summarizes mean response scores to advertisements featuring persons with and without disabilities. Results of statistical analysis are presented in Table 2. For all ads, Ronald McDonald was rated the most positive with average mean score of 2.46 for all attitudinal aspects examined, while the Amway ad was considered the least positive with a 3.82 average score. Among the disability ads, Motorola's Ad3 emerged as the most negative [mean score 4.24] while Ronald McDonald had the most positive evaluations [2.62 mean score].

In general, there was no significant difference between the means for ads with and without disabled persons for all attitudinal dimensions except in three cases. The *t*-stats were generally lower than *t*-critical at the 95% confidence level. Exceptions are the mean [3.54] of Ad2 for St. David's where it significantly differed from its Ad1 [2.86] in the perception category with *t*-stat 2.14 value and *t*-critical 2.03, and the means of Ad3 for Motorola [5.05 and 5.24] in the behavioral component measured by purchase or use/try intention which had scores significantly higher than the corresponding scores of 3.89 and 4.38 for Ad1s. The three cases of significant differences represent 12.5 % of the total 24 comparisons made in the study.

(Tables 1 and 2 about here.)

The overall lack of significant difference in the direction of the effect of the ads that show persons with and without disability on participants' perception, affect, and purchase behavior [intention to use/try and intention to buy/own] was expected and may be interpreted in various ways. Past attempts to capture shifts in attitude as a result of exposure to communication material depicting disabled individuals yielded similar results [Farnall, 1996; Hafer and Narcus, 1979; Westervelt and McKinney, 1980; Dailey, 1979]. It appears that while researchers have indicated the possibility of altering disability-related attitudes through the media [Bernotavicz, 1979], and while the relationship between attitude change and positive media exposure is well grounded in communication theory, communication alone may not be a sufficient condition to effect a change. Innovations and

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diffusion studies [Rogers, 1995] offer many instructive cases highlighting the need for other infrastructure support. Hence, it is rather premature and unwarranted to say that print advertising depicting positive images of disability has no value inspite of this study's results.

On the other hand, the absence of a difference between the treatment groups may point to a mainstreaming effect. American society and consequently the research participants have seen an already increasing number of positive disability images in the media during the past decade. This may have led to a generally more tolerant and accepting public attitude.

Another factor that could have reinforced the mainstreaming impact is the use of blind persons or persons in wheelchairs in this research's experimental ads. The 1991 NOD survey reported that the public are most comfortable with two types of disabilities -- people in wheelchairs and people who are blind.

It is also relevant to mention that this study's sample group consisting of undergraduate college students has been rated by the 1991 NOD survey as the most likely to have a positive image of individuals with disabilities. Moreover, the survey found that better educated and younger Americans know much about disabled people and are most supportive of steps to increase their participation.

There are, however, noticeable exceptions to the general lack of significant differences between the responses to disability and nondisability ads. In the case of St. David's, the difference between Ad1 and Ad2 was significant only under the perception or cognition attribute, where the question relates to positive or negative assessment of the ad that showed a serious-looking disabled man in a wheelchair (Ad2) compared with the smiling, healthy-looking man in Ad1. It would appear that the manner in which the disabled person was presented or the mood of the ad elicited a more negative perceptual response. While perception was affected, the two other attributes of feelings and behavior [trying/using and buying] were not. Although the *t*-stats are relatively high, they were not significant at the confidence level tested.

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Given the lack of significant differences among treatment conditions, as a whole, there is basis to partially support the null hypothesis. The study's hypothesis 1 predicted no change of advertising impact on people's attitudinal constructs based on the presence or absence of disability portrayals in the print commercials. But since a few exceptions were found where differences were statistically significant in some attitudinal dimensions, i.e. perception and behavior, the hypothesis cannot be fully accepted.

Putting together in an ad a healthy man and a disabled woman in a wheelchair as in the case of Motorola's Ad3 produced a negative effect on the behavioral aspects of both buying and trying/using intentions with mean differences that were both statistically significant (Tables 1 and 2). Moreover, in a comparison under the same behavioral attributes (trying/using and buying) between Ad2 and Ad3 of Motorola, i.e. healthy woman together with disabled man and healthy man together with disabled woman, Ad3 evoked a higher degree of negative impact that was also statistically significant with *t*-stat values of 3.17 (*t*-critical = 2.02) and 2.18 (*t*-critical = 2.02), respectively. The Ad3 means for the two behavior components (5.05 for try/use and 5.24 for buy) exceed the median value of 4.

Comparing Motorola's Ad3 with Ad4 also yielded a significant difference in mean values with a *t*-stat of 2.28 against a*t*-critical of 2.02 for the buying attribute, and near significance for trying/using intention with a*t*-stat of 1.99 against a*t*-critical of 2.02. This implies that the impact on the trying/using and buying behavioral aspects of Ad3 showing a handicapped woman in a wheelchair together with a man without disability is stronger than Ad4 where both the woman and the man were disabled.

Negative findings on Motorola's Ad3 are interesting because of the issue of gender and status differences. This is the only treatment ad with the potential of testing the gender variable, and thus hypothesis 2. Since the gender of the disabled person, in this case a woman, made a significant difference in advertising impact on people's attitudes, the null hypothesis is rejected.

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In terms of status, Donaldson [1980] wrote that the disabled person must share equal status with the nondisabled to influence positive attitudes. The idea of equal status appears to be an operative concept in this study because, despite affirmative action, women still have a long way to go to achieve equal status with men.

In all ads for the four institutions, a similar pattern exists of increasing resistance or absence of intention to try and buy the product or service. Motorola's [Figure 1] and St. David's [Figure 2] graphs for nondisability and disability ads typify this trend. In both perception and feeling components, not one of the mean responses to any ads crossed the median value of four. Under the trying/using attribute, responses to four of ten ads surpassed the median. This increased to eight of ten in the buying category.

Indeed, getting people to act is not a simple process. So while advertising may create favorable cognitions and feelings, it does not always translate into purchase behavior as this study and related research have shown. A number of intervening influences make behavioral change complex, time-consuming, and difficult. In explaining the "limited effects" model of mass media, Joseph Klapper [1960] wrote, "Mass media ordinarily does not serve as a necessary and sufficient cause for audience effects, but rather functions among and through a nexus of mediating factors and influences" [Wilcox, p. 212]. Peer influence, past experiences, and individual differences in processing information are but some of the intervening variables.

(Figures 1 and 2 about here.)

Overall, there was no significant difference in responses between male and female participants in the study which lends partial support for the null hypothesis. However, significant differences occurred in four of 40 ad comparisons for the four organizations in terms of all attitudinal dimensions: Ad2 of Ronald McDonald for the perception attribute and Ad1 of St. David's under perception and the behavioral intention of trying/using, and buying. Table 3 provides mean values and statistical measures. Where significant differences occurred, male mean responses were always higher than those of females. Also, gender did not appear to be a factor in the disability ads that showed significant

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differences in the cognitive and behavioral components, as was the case for St. David's Ad2 and Motorola's Ad3, respectively.

This result contradicts previous disability investigations that suggested females tend to be more responsive to positive attitude change [Yuker et al., 1966]. The study's evidence of no significant differences between the attitudes of male and female respondents could be attributed to the fact that more females were depicted with no disability in the treatment ads.

(Table 3 about here.)

To ascertain the effect of frequency of exposure to disability ads on respondent attitudes, mean responses of the groups given experimental treatment were compared with the control sample [Table 4]. Interestingly, group 9 that was shown the most number of disability ads did not have significant mean differences in all attitudinal variables measured. However, group 8 that was shown two print disability ads demonstrated a consistent and significant negative feedback on all attitudinal dimensions.

Participants who were shown the St. David's disability ad [group 5] also displayed significant mean differences in two areas -- cognitive and behavioral intention to try/use and purchase. Another group [#6] exposed to Ad2 of Amway with all three models having visually-detected physical impairments likewise registered significant negative response in the try/use category. Because the findings seem ambivalent as to the impact of frequency of exposure to disability ads on people's attitudes, the null hypothesis is partly rejected. Results tend to indicate the possibility of a wearing-out or desensitizing effect for media disability exposures exceeding two. There also appears to be a danger in successively exposing audiences with two disability ads, but of course even single exposures did produce certain negative effects. A possible explanation for this is the presence of other intervening influences such as the content and manner of portrayal of the handicapped person.

(Table 4 about here.)

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Conclusions

The study did not seem to produce radically different results from previous investigations that looked at the impact of positive advertising portrayals of the disabled on the attitudes of nondisabled publics. However, advertisers or communication planners may find a couple of guidelines useful when dealing with disability issues.

First, although the American public is now familiar and less uncomfortable in dealing with disability [NOD, 1991] due to the growing trend of including and representing the disabled in mainstream mass media, caution in the manner and content of the portrayal must be exercised. As the study showed, there were negative effects of an ad that juxtaposed a disabled female with an able-bodied male. This result prompts attention to gender and status issues in media disability representations.

Second, there appears to be a lower threshold for the wearing-out effect of disability advertising. While Pechmann and Stewart reported that wearout generally occurs after three exposures [Thorson, 1996], this study indicates the tendency for disability ads to lose significant effects on audiences after two exposures. Admittedly, a degree of ambivalence in the findings exists, but it would be wise to consider this empirically tested result together with other factors such as the content, mood, and manner of the disability portrayal when planning communication campaigns.

Moreover, the study presents opportunities for refinement in such areas as selection and size of sample population, choice of companies and nature of advertisements [i.e. product versus institutional], type of disability depicted, and experimental design. Future research can measure effectiveness of real-life, non-manipulated advertisements of corporations that have used models with various handicaps. It will be interesting to also study the international aspects of disability, both in terms of media portrayals and public attitudes.

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Table 1 Summary of Mean Responses : Disability and Nondisability Ads.

Attitudinal Dimension	Amway		Ronald McDonald		Motorola				St. David's	
	Ad1	Ad2	Ad1	Ad2	Ad1	Ad2	Ad3	Ad4	Ad1	Ad2
Perception	2.39	2.44	1.46	1.73	2.72	2.54	2.91	2.65	2.86	3.54
Feelings	3.44	3.61	2.08	2.55	3.68	3.51	3.76	3.33	3.47	3.85
Behavior:										
Try/Use Intention	4.51	4.78	2.69	2.86	3.87	3.89	5.05	4.35	3.53	4.08
Purchase Intention	4.77	4.61	3.02	3.32	4.38	4.39	5.24	4.36	4.07	4.58

Notes: Ad1 = Nondisability ads; Ad2, Ad3, Ad4 = Disability ads

Table 2 Summary of Test Statistics of Difference in Mean Response : Disability and Nondisability Ads

Attitudinal Dimension	Amway		Ronald Mc Donald		Motorola						St. David's	
	Ad1 vs. Ad2		Ad1 vs. Ad2		Ad1 vs. Ad2		Ad1 vs. Ad3		Ad1 vs. Ad4		Ad1 vs. Ad2	
	t-stat	*t-crit.*	*t-stat*	*t-crit.*	*t-stat*	*t-crit.*	*t-stat*	*t-crit.*	*t-stat*	*t-crit.*	*t-stat*	*t-crit.*
Perception	0.24	2.04	1.08	2.06	0.72	2.01	0.63	2.02	0.28	2.01	2.14*	2.03
Feelings	0.81	2.04	1.63	2.05	0.64	2.02	0.36	2.02	1.22	2.07	1.49	2.02
Behavior :												
Intention to Try/Use	0.81	2.04	0.59	2.02	0.07	2.01	3.73*	2.03	1.75	2.02	1.38	2.02
Purchase Intention	0.37	2.07	0.91	2.02	0.03	2.01	2.39*	2.03	0.96	2.02	1.36	2.02

Note : * Significant at 95% confidence level.

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Table 3 Male-Female Responses With Significant Differences

Company	Attitudinal Dimension	Ad	Male	Female	*t stat*	*t crit.*
Ronald Mc Donald	Perception	Ad2	2.16	1.21	2.32	2.11
St. David's	Perception	Ad1	3.26	2.61	2.31	2.01
St. David's	Trying/Using	Ad1	4.03	3.17	2.52	1.99
St. David's	Buying	Ad1	4.59	3.71	2.57	1.99

Significant at 95% confidence level

Table 4 Means and Test Statistics of Group Responses to Disability and Nondisability Ads

Attitudinal Dimension	Measures	Groups								
		1	2	3	4	5	6	7	8	9
Perception	Mean	2.27	2.16	2.31	2.19	2.85	2.47	2.37	2.91	2.11
	t - statistics		0.21	0.21	0.31	2.31*	0.82	0.44	2.49*	0.69
	t - critical		1.98	1.98	1.99	1.98	1.99	1.98	1.98	1.99
Feelings	Mean	2.98	2.78	3.08	3.31	3.36	3.41	3.42	3.64	3.47
	t - statistics		0.87	0.42	1.18	1.61	1.68	1.88	2.65*	1.72
	t - critical		1.98	1.98	1.98	1.99	1.99	1.98	1.98	1.99
Behavior : Try/Use Intention	Mean	3.27	3.42	3.59	3.81	3.88	4.16	3.65	4.63	3.83
	t - statistics		0.52	1.27	1.52	2.21*	3.22*	1.48	4.07*	1.74
	t - critical		1.98	1.98	2.01	1.98	1.99	1.98	1.99	1.99
Behavior : Purchase Intention	Mean	3.57	4.01	4.04	4.03	4.27	4.19	4.13	4.91	4.23
	t - statistics		1.38	1.58	1.19	2.31*	1.83	1.81	3.85*	1.84
	t - critical		1.98	1.98	1.99	1.98	1.99	1.98	1.98	1.99

* Significant at 95% confidence level.

Figure 1 Motorola's Nondisability and Disability Ads

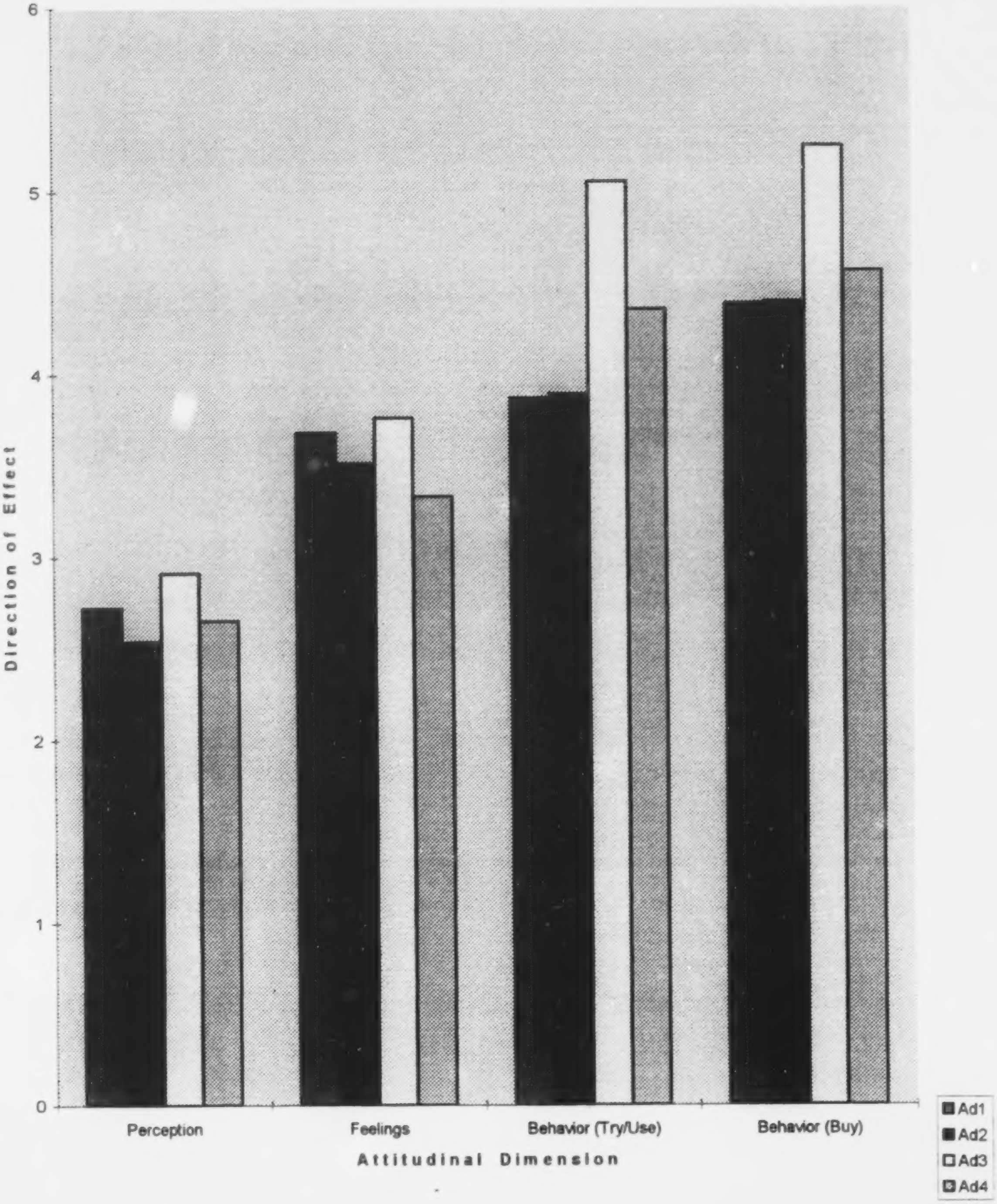

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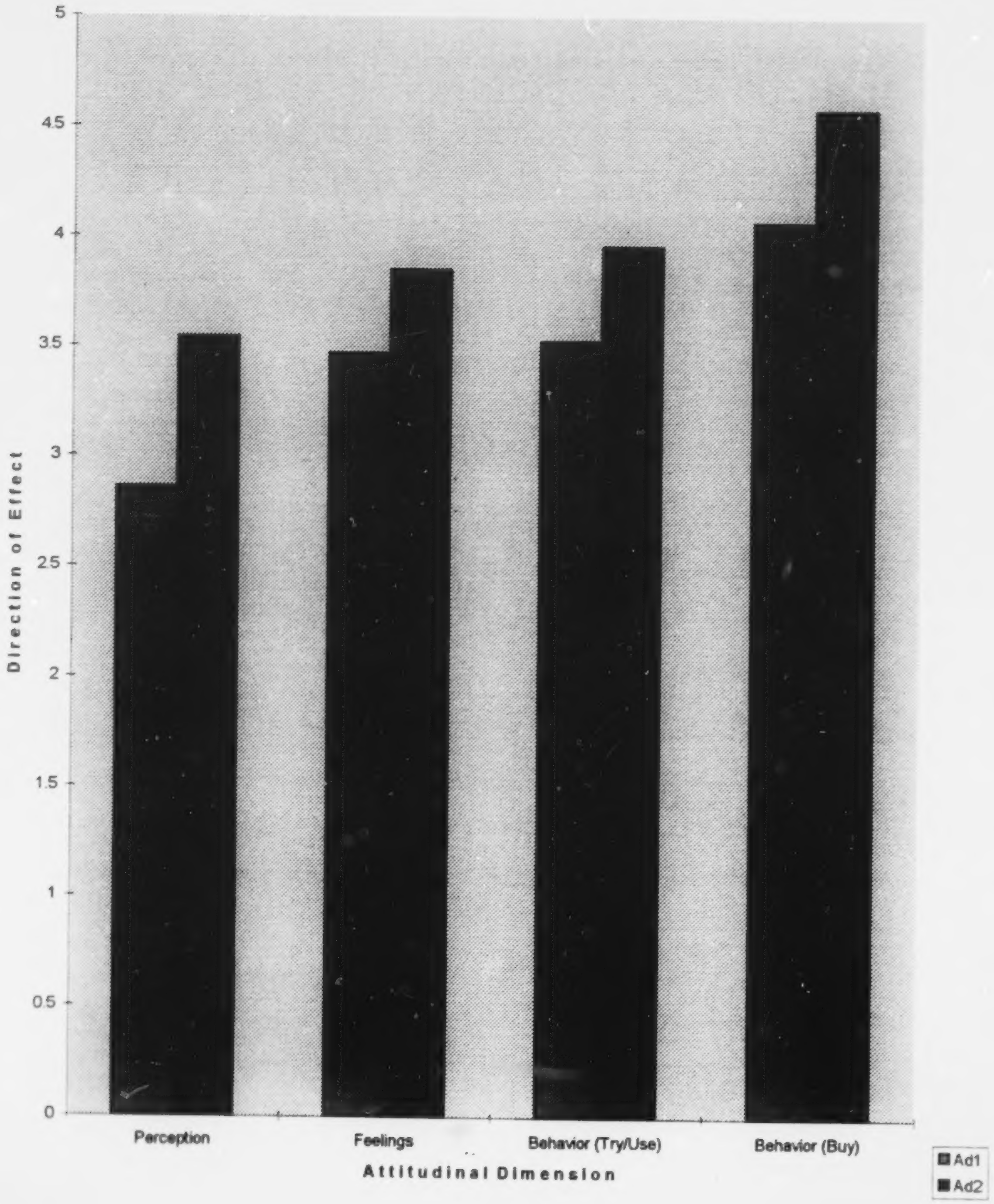
Figure 2 St. David's Nondisability and Disability Ads



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Appendices

Amway's Ad1 & Ad2

Ronald McDonald's Ad1 & Ad2

Motorola's Ad1, Ad2, Ad3, & Ad4

St. David's Ad1 & Ad2

Amway's Ad1

WE'RE TAKING THE ENVIRONMENT PERSONALLY.

Amway distributors have long been united by their entrepreneurial spirit. But more and more, they're sharing another concern—preserving our natural resources. And like wanting to own their own business, they're doing something about it.

Donovan Braud volunteers his time to fight urban runoff polluting lakes and streams. Jane Cooperman initiated a city recycling and beautification program. And, Linda Hardy works through state legislation to promote recycling education and programs.

We applaud these Amway distributors for their involvement.

As a recipient of the United Nations Environment Programme Achievement Award, Amway is proud to recognize others working to improve our environment. A commitment since Amway was founded in 1959.

Amway®

And you thought you knew us.

Amway and its two million independent distributors market hundreds of products and services in more than 50 countries and territories. For more information, call 1-800-544-7167.

©1992 AMWAY CORPORATION

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Amway's Ad2

WE'RE TAKING THE ENVIRONMENT PERSONALLY.

Amway distributors have long been united by their entrepreneurial spirit. But more and more, they're sharing another concern—preserving our natural resources. And like wanting to own their own business, they're doing something about it.

Donovan Braud volunteers his time to fight urban runoff polluting lakes and streams. Jane Cooperman initiated a city recycling and beautification program. And, Linda Hardy works through state legislation to promote recycling education and programs.

We applaud these Amway distributors for their involvement.

As a recipient of the United Nations Environment Programme Achievement Award, Amway is proud to recognize others working to improve our environment. A commitment since Amway was founded in 1959.

Amway

And you thought you knew us.

Amway and its two million independent distributors market hundreds of products and services in more than 50 countries and territories. For more information, call 1-800-544-7167.

©1992 AMWAY CORPORATION

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Ronald McDonald's Ad1

Over 25 million served.

Children. They're what Ronald McDonald Children's Charities® is all about. In fact, we've been helping kids for over 10 years. Funding programs to prevent child abuse. Helping schools pay for new textbooks and computers. Supporting youth centers that provide refuge to homeless teenagers. Thanks to corporate support, local McDonald's owners and suppliers, and more importantly you, McDonald's customers, millions of children have gotten proper medical and dental care, food and clothing. And leading doctors and hospitals are searching for cures to life-threatening diseases. Equally impressive, 100% of all the money we receive can go directly to helping these children – not to administrative costs, which are paid for entirely by McDonald's® With your support, RMCC® has made a difference in over 25 million young lives. As for the future, we believe it's like our children. The possibilities are limitless.

Ronald McDonald Children's Charities®

At least 12¢ from the sale of each USA TODAY newspaper at participating McDonald's restaurants will be contributed to Ronald McDonald Children's Charities. ©1994 McDonald's Corporation

BEST COPY AVAILABLE

Ronald McDonald's Ad2

Over 25 million served.

Children. They're what Ronald McDonald Children's Charities® is all about. In fact, we've been helping kids for over 10 years. Funding programs to prevent child abuse. Helping schools pay for new textbooks and computers. Supporting youth centers that provide refuge to homeless teenagers. Thanks to corporate support, local McDonald's owners and suppliers, and more importantly you, McDonald's customers, millions of children have gotten proper medical and dental care, food and clothing. And leading doctors and hospitals are searching for cures to life-threatening diseases. Equally impressive, 100% of all the money we receive can go directly to helping these children – not to administrative costs, which are paid for entirely by McDonald's.® With your support, RMCC® has made a difference in over 25 million young lives. As for the future, we believe it's like our children. The possibilities are limitless.

Ronald McDonald Children's Charities®

At least 12¢ from the sale of each USA TODAY newspaper at participating McDonald's restaurants will be contributed to Ronald McDonald Children's Charities. ©1994 McDonald's Corporation

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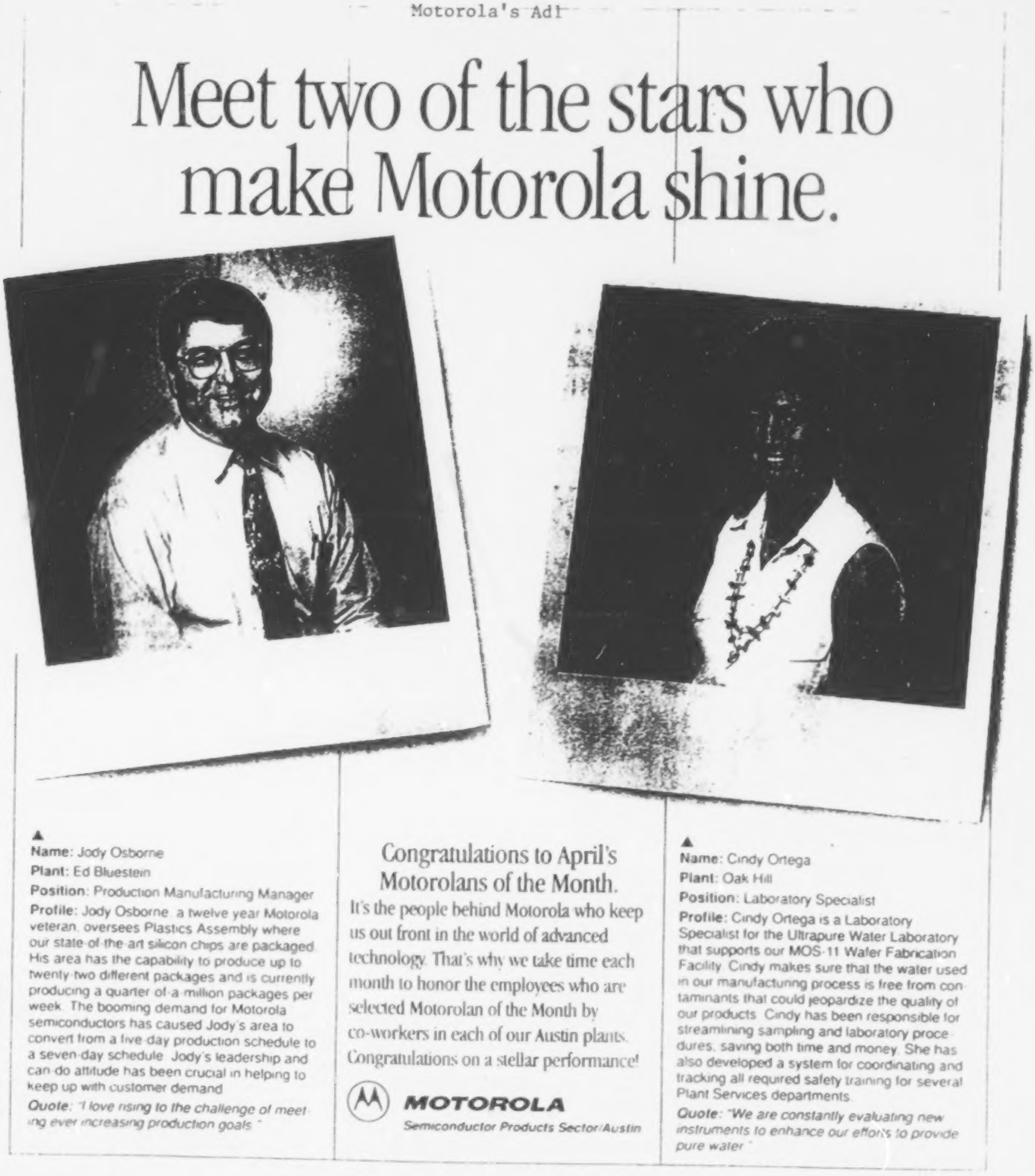
Motorola's Ad



Meet two of the stars who make Motorola shine.

▲
Name: Jody Osborne
Plant: Ed Bluestein
Position: Production Manufacturing Manager

Profile: Jody Osborne, a twelve year Motorola veteran, oversees Plastics Assembly where our state-of-the-art silicon chips are packaged. His area has the capability to produce up to twenty-two different packages and is currently producing a quarter-of-a-million packages per week. The booming demand for Motorola semiconductors has caused Jody's area to convert from a five-day production schedule to a seven-day schedule. Jody's leadership and can-do attitude has been crucial in helping to keep up with customer demand.

Quote: *"I love rising to the challenge of meeting ever increasing production goals."*

Congratulations to April's Motorolans of the Month.

It's the people behind Motorola who keep us out front in the world of advanced technology. That's why we take time each month to honor the employees who are selected Motorolan of the Month by co-workers in each of our Austin plants. Congratulations on a stellar performance!

MOTOROLA
Semiconductor Products Sector/Austin

▲
Name: Cindy Ortega
Plant: Oak Hill
Position: Laboratory Specialist

Profile: Cindy Ortega is a Laboratory Specialist for the Ultrapure Water Laboratory that supports our MOS-11 Wafer Fabrication Facility. Cindy makes sure that the water used in our manufacturing process is free from contaminants that could jeopardize the quality of our products. Cindy has been responsible for streamlining sampling and laboratory procedures, saving both time and money. She has also developed a system for coordinating and tracking all required safety training for several Plant Services departments.

Quote: *"We are constantly evaluating new instruments to enhance our efforts to provide pure water."*

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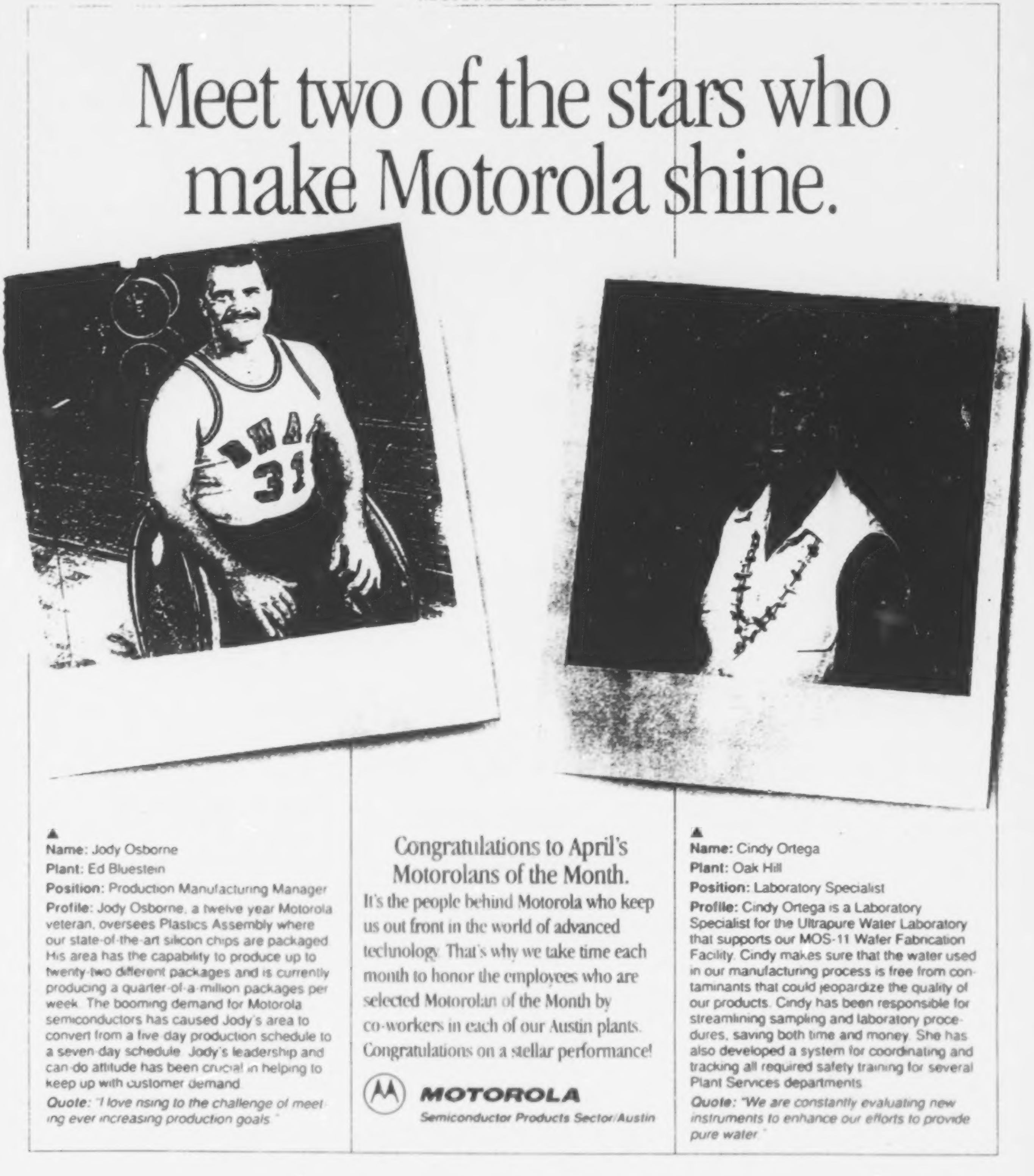
Motorola's Ad2



Meet two of the stars who make Motorola shine.

▲
Name: Jody Osborne
Plant: Ed Bluestein
Position: Production Manufacturing Manager

Profile: Jody Osborne, a twelve year Motorola veteran, oversees Plastics Assembly where our state-of-the-art silicon chips are packaged. His area has the capability to produce up to twenty-two different packages and is currently producing a quarter-of-a-million packages per week. The booming demand for Motorola semiconductors has caused Jody's area to convert from a five-day production schedule to a seven-day schedule. Jody's leadership and can-do attitude has been crucial in helping to keep up with customer demand.

Quote: *"I love rising to the challenge of meeting ever increasing production goals."*

Congratulations to April's Motorolans of the Month.

It's the people behind Motorola who keep us out front in the world of advanced technology. That's why we take time each month to honor the employees who are selected Motorolan of the Month by co-workers in each of our Austin plants. Congratulations on a stellar performance!

MOTOROLA
Semiconductor Products Sector/Austin

▲
Name: Cindy Ortega
Plant: Oak Hill
Position: Laboratory Specialist

Profile: Cindy Ortega is a Laboratory Specialist for the Ultrapure Water Laboratory that supports our MOS-11 Wafer Fabrication Facility. Cindy makes sure that the water used in our manufacturing process is free from contaminants that could jeopardize the quality of our products. Cindy has been responsible for streamlining sampling and laboratory procedures, saving both time and money. She has also developed a system for coordinating and tracking all required safety training for several Plant Services departments.

Quote: *"We are constantly evaluating new instruments to enhance our efforts to provide pure water."*

Motorola's Ad3

Meet two of the stars who make Motorola shine.

▲

Name: Jody Osborne

Plant: Ed Bluestein

Position: Production Manufacturing Manager

Profile: Jody Osborne, a twelve year Motorola veteran, oversees Plastics Assembly where our state-of-the-art silicon chips are packaged. His area has the capability to produce up to twenty-two different packages and is currently producing a quarter-of-a-million packages per week. The booming demand for Motorola semiconductors has caused Jody's area to convert from a five-day production schedule to a seven-day schedule. Jody's leadership and can-do attitude has been crucial in helping to keep up with customer demand.

Quote: *"I love rising to the challenge of meeting ever increasing production goals."*

Congratulations to April's Motorolans of the Month.

It's the people behind Motorola who keep us out front in the world of advanced technology. That's why we take time each month to honor the employees who are selected Motorolan of the Month by co-workers in each of our Austin plants. Congratulations on a stellar performance!

MOTOROLA

Semiconductor Products Sector/Austin

▲

Name: Cindy Ortega

Plant: Oak Hill

Position: Laboratory Specialist

Profile: Cindy Ortega is a Laboratory Specialist for the Ultrapure Water Laboratory that supports our MOS-11 Water Fabrication Facility. Cindy makes sure that the water used in our manufacturing process is free from contaminants that could jeopardize the quality of our products. Cindy has been responsible for streamlining sampling and laboratory procedures, saving both time and money. She has also developed a system for coordinating and tracking all required safety training for several Plant Services departments.

Quote: *"We are constantly evaluating new instruments to enhance our efforts to provide pure water."*

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Motorola's Ad4

Meet two of the stars who make Motorola shine.

▲ **Name:** Jody Osborne

Plant: Ed Bluestein

Position: Production Manufacturing Manager

Profile: Jody Osborne, a twelve year Motorola veteran, oversees Plastics Assembly where our state-of-the-art silicon chips are packaged. His area has the capability to produce up to twenty-two different packages and is currently producing a quarter-of-a-million packages per week. The booming demand for Motorola semiconductors has caused Jody's area to convert from a five-day production schedule to a seven-day schedule. Jody's leadership and can-do attitude has been crucial in helping to keep up with customer demand.

Quote: *"I love rising to the challenge of meeting ever increasing production goals."*

Congratulations to April's Motorolans of the Month.

It's the people behind Motorola who keep us out front in the world of advanced technology. That's why we take time each month to honor the employees who are selected Motorolan of the Month by co-workers in each of our Austin plants. Congratulations on a stellar performance!

MOTOROLA

Semiconductor Products Sector/Austin

▲ **Name:** Cindy Ortega

Plant: Oak Hill

Position: Laboratory Specialist

Profile: Cindy Ortega is a Laboratory Specialist for the Ultrapure Water Laboratory that supports our MOS-11 Wafer Fabrication Facility. Cindy makes sure that the water used in our manufacturing process is free from contaminants that could jeopardize the quality of our products. Cindy has been responsible for streamlining sampling and laboratory procedures, saving both time and money. She has also developed a system for coordinating and tracking all required safety training for several Plant Services departments.

Quote: *"We are constantly evaluating new instruments to enhance our efforts to provide pure water."*

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ST. DAVID'S • 70 YEARS OF SERVICE • 1924-1994

Charles E. Moritz, MD

High blood pressure is one of the major risk factors for premature death and disability: not from the few cases of severe hypertension, but from the masses of people with blood pressures that are only slightly elevated. Learn how to control hypertension from Charles E. Moritz, MD, Specialist in Nephrology and Hypertension at St. David's Medical Center. This special seminar is Thursday, April 28 at 7 p.m. and is free to Women's *Health* Advantage members and $5 for nonmembers. Seating is limited, so please pre-register by calling 397-4200.

HYPERTENSION

How to take the pressure off.

ST. DAVID'S
MEDICAL CENTER
The Choice

St David's Medical Center   St David's Hospital The Pavilion at St David's St [illegible] Rehabilitation Center   IH 35 at 32nd Street [illegible]

St. David's Ad1

BEST COPY AVAILABLE

ST DAVID'S • 70 YEARS OF SERVICE • 1924-1994

Charles E. Moritz, MD

HYPERTENSION

How to take the pressure off.

High blood pressure is one of the major risk factors for premature death and disability; not from the few cases of severe hypertension, but from the masses of people with blood pressures that are only slightly elevated. Learn how to control hypertension from Charles E. Moritz, MD, Specialist in Nephrology and Hypertension at St. David's Medical Center. This special seminar is Thursday, April 28 at 7 p.m. and is free to Women's*Health* Advantage members and $5 for nonmembers. Seating is limited, so please preregister by calling 397-4200.

ST DAVID'S
MEDICAL CENTER
The Choice

St David's Medical Center – St David's Hospital, The Pavilion at St. David's, St. David's Rehabilitation Center   IH-35 at 32nd Street © 1994 St David's Medical Center

St. David's Ad2

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Creating a Virtual Television Culture:
Using Actors and Models to Relflect Desired Perceptions
in Primetime Television Advertising

Dr. Dennis J. Ganahl
Southern Illinois University
School of Journalism
Carbondale, Illinois
618-536-3361
dganahl@siu.edu

A paper presented to the
Association for Education
in Journalism and Mass Communication
Media and Disability

Creating a Virtual Television Culture:
Using Actors and Models to Relflect Desired Perceptions in Primetime Television Advertising

ABSTRACT

Past research proves social interaction with disabled persons increases social acceptance of disabled persons; research proves the television medium can be used to facilitate learning and social acceptance of disabled persons; it can be demonstrated the disabled population is sizable and controls a large spending budget; and it can be proved advertisers and marketers who include disabled persons in their strategy are financially rewarded--now it can be proved advertisers are not acting in a socially or financially responsible manner in their portrayal of visually-detected physically impaired persons.

These research results reflect an uncaring and non-inclusive advertising community. They dramtically illustrate the lack of inclusion in current advertising.

The study continues a longitudinal analysis of "if and how" the visually-detected physically impaired persons are portrayed in network primetime advertising. This is the largest sampling of network primetime television advertising ever undertaken for this type of study.

This study should serve as a call to arms for proponents of inclusion.

Introduction

This study examines how primetime television network advertisers visually portray their prospects and whether or not they are socially responsible and include minority and historically-under-represented groups. This study pays particular attention to the portrayal of physically impaired prospects.

The topic of portraying the physically impaired population in a positive and beneficial manner is current news in America. In the past two years, two news stories have come to the forefront about the portrayal of physically impaired persons in life and the media. Handicapped professional golfer Casey Martin needed the legal court system to gain access to the Professional Golfers' Association tournaments (Chambers, 1998; Sandomir, 1998) and the Franklin D. Roosevelt Memorial created many debates on whether the popular American president should be portrayed in his physically impaired condition at the memorial. Roosevelt's sculpture shows him sitting down with a cape draped over his legs and his wheelchair. Many physically impaired Americans were upset when the new sculpture did not openly reveal his physical impairment.

But what about identifying physically impaired persons in advertisements as models? Research studies attest to the marketer's financial reward and the social-integration successes of including ethnic minorities as models in advertisements (MaCaulay, 1996; Fong, 1996; Pollock, 1997). Research indicates advertisers should portray all segments of their targeted prospects as model(s) within their advertisements. Many times the advertisement identifies the prospects as actors and models interacting with the product. This picture of a prospect interacting with the product creates a sense of interest, and hopefully, desire on the part of the television viewer/prospect (Arens, 1994).

It is reasonable to assume a physically impaired person should be as good of a prospect as any other historically-underrepresented group for many if not most of the products advertised (Goerne, 1992). Physically impaired people should be graphically represented within advertisements as models, especially when they are logical prospects (Goerne, 1992).

The inclusion of physically impaired people can also have a positive social affect (Morrison, 1987). Many people view physically impaired persons as being different from themselves. Sometimes these people are seen as being helpless or unable to participate in normal activities (Belgrave, 1984).

Statement of Problem

Are advertisers acting in a socially responsible manner by including a representative percent of minority groups as actors and models in television advertisements? Past research indicates advertisers are not including visually-detected physically impaired models in advertisements directed to disabled persons(Ganahl & Kallem, 1998).

Literature Review

Size of Physiologically Impaired Market Segment

Articles and research studies quoted the number of disabled Americans at 43 million as of 1992. There were approximately 50 million people age three years and older with a disability in 1994 and the United States' population was 260,660,000 (Statistical Abstract of the United States, 1996). That is an increase of 7 million people in two years. This suggests the number of recognized disabled Americans is increasing and a viable physiographic market aggregation. This segment of the population represents almost 20 percent of the total United States population.

Research shows disabled persons are aggregating into their own culture (Nelson, 1994; Iwakuma, 1997; John, 1997) which can complicate brand relationships if advertisers don't recognize them as established consumers.

Inclusion of Physically Impaired Persons for the Purposes of Social Interaction

Social stigmas associated with disabilities can isolate the individual more effectively than the limitations imposed by the disability (Benshoff, 1992). Stigmas can result because people are not exposed to persons with disabilities and do not have an understanding of them (Kent, 1984).

Kent (1994) asked college students about their feelings, concerns, and beliefs toward paraplegics. Results of the study suggest much of the negative affect and feeling of discomfort is partially ascribed to the students uncertainty about appropriate role expectations and role enactment. Kent's (1984) data indicates one of the best ways to overcome discomfort, fear, and prejudice toward impaired people is through direct and frequent contact.

Social interaction between impaired and non-impaired people can be awkward. This fact can contribute to the slow acceptance of the physically impaired by society. Sagatun (1985) looked at the effects of acknowledging a disability and initiating interaction between impaired and non-impaired persons. He found non-disabled people feel uncomfortable about initiating contact with a disabled person. A situation where a physically disabled person initiates the conversation and/or is first to acknowledge the disability is greatly preferred by non-disabled people. When an impaired person discusses doing typical activities and/or athletic activities they are more likely to make a non-impaired person feel at ease and gain acceptance (Belgrave, 1984).

Young children are a particularly important target group for attitude-enrichment programs. Events that occur in childhood have a lasting impact. Positive experiences introduced early in a child's life can prevent further adherence to stereotypes associated with disability (Morrison, 1987). It is possible to develop positive reinforcers in the environment that reward valuing people for themselves regardless of race, creed, religious background, or disability (Morrison, 1987).

Inclusion of Physically Impaired Persons in Television

Educational media activity affects children's' attitudes. Morrison (1987) measured the effects of a brief film designed to show the aspirations and interests of children with disabilities are similar to those of non-disabled children. The film was viewed by a group of fourth graders and shown to have a positive affect on them. Students who viewed the film were more attracted to children with disabilities.

A study was done to see if people with disabilities were included in television advertisements (Byrd, 1983). A disabled person was broadly defined as any screen character with a major difference from the average character portrayed on television other than racial or socio-economic differences. Researchers watched television for a week and rated the depiction of the disabled. During that week, 74 television commercials portrayed a disability. Forty-three percent of the commercials which depicted a disability were aired on Sunday or Monday night and used a dramatic premise. Fifty percent of the disabilities depicted in the ads were old age. The judged affect and accuracy of the portrayals in the commercials were considered neutral.

Byrd's researchers also coded television programming. Movies and situation comedies had more depiction of disabilities than other programs. Old age and mental illness were the primary categories depicted in the programming.

Inclusion of Physically Impaired Persons in Advertisements

The idea of using physically impaired models in advertising is not new. An article in Ad Week discusses how companies used disabled people in their advertisements (Enrico, 1987). "We took the attitude that we'd show a person who wears Levi's who just happens to be in a wheelchair," said Mike Koelker, the executive creative director of the Levi's 501 campaign, "We were surprised by the overwhelming positive response," (Enrico, 1987, P. 36).

Target Stores used physically impaired children in their advertisements (Feder, 1991). Physically impaired children were used eight times and the company received more than 800 responses. One woman wrote, "You have taken a giant step in promoting truth in advertising. It's not a perfect world and people shouldn't be made to feel imperfect because of a handicap," (Feder, 1991, p.50).

DowBrands and Burger King used individuals with Down syndrome in television ads (Goldman, 1993). They received criticism. Advertising Age's Bob Garfield found the television ads exploitive and called one ad "appalling and the most crassly contrived slice-of-life in advertising history," (Goldman, 1993, p.B8). However, the National Down Syndrome Congress supported DowBrands's advertisement. An anti-drinking and driving campaign included an advertisement that insinuated being physically handicapped meant a person was condemned to live without joy, hope or opportunity. The ad showed a man sitting in a wheelchair positioned in the shadows. The "dark man" is often presented in advertisements as a person condemned (O'Leary, 1991, p.6).

"Advertisers are becoming more aware people with disabilities are consumers and contributing citizens, not metaphors of despair," says Heather Ney, director of publishing and promotion for the Canadian Rehabilitation Council (CRC). However, lack of widespread positive publicity in the media is holding up social progress in this area," (O'Leary, 1991, p.6).

In a Marketing News article (1992), Goerne discusses the notion of using the physically impaired in advertising campaigns. Goerne writes, "Recent legislative gains are proving to marketers the estimated 43 million Americans with disabilities have no handicaps in terms of buying power."

Several large companies such as Apple Computer Inc., McDonalds, Target Stores, and Budweiser included the physically impaired in their campaigns (Goerne, 1992, p.1).

This approach was vogue after the Americans with Disabilities Act (ADA) passed in 1990. Companies were required to spend money to bring their facilities to ADA specifications. Bob Thacker, vice president of marketing for Target Stores, said, "There's 43 million people with disabilities...any good businessman is going to say, 'Gee', these people buy things too" (Goerne, 1992, p.32).

A handful of companies to develop and market products to the handicapped. IBM, Xerox, and AT&T sell products to aid people with disabilities (Jaben, 1992). IBM Corporation marketed eight products for people with disabilities in the IBM Independence Series. Xerox also made efforts to develop products and appeal to the physically handicapped. Bank of America has a car loan for people of low-to-moderate income who use wheelchairs (Lunt, 1994). "Buying a new car is expensive for anybody, and to adapt it to a wheelchair basically doubles the price," says Dave Howell, vice-president at Bank of America Arizona (Lunt, 1994, p. 52). National City Bank provides special services to the blind such as talking checking account statements (Hotchkiss, 1996). Rex Minrath, a manager for National City Bank, says, "We have made some good loans, even car loans to those who have a sighted person who lives with them, mortgages, home improvement loans, and consolidation loans. Blind customers have their own businesses too" (Hotchkiss, 1996, p.25).

Advertising is prolific in the American culture. Estimates range from 1,500 to 5,000 messages a day are targeted to each consumer (Belch & Belch, 1998). Advertising can achieve any of three different communication goals. It can increase awareness, induce product trial, or reinforce brand loyalty (Arens, 1999).

Although television advertising is prolific and impactful most television studies center on programming. Studies show people prefer to see other people like themselves in television programming (Hoffner, 1996; Holtzman & Akiyama, 1985; Downs, 1981; Donaldson, 1981; Dohrmann, 1975). A variety of studies have researched gender and role dominance in television programming (Greenberg & Collette, 1997; Seidman, 1992; Vande Berg & Streckfuss, 1992; Griffin & Sen, 1989; DeGooyer & Borah, 1982; Weigel & Loomis, 1981: Barbatis, 1979). Taken together these studies give a very narrow perspective which demonstrates women were portrayed less frequently and less dominantly in some programming. Gray (1995) monitors black characters in television programming and comes to similar conclusions about under representation as gender researchers when comparing groups.

Research literature supports the "educational value" inherent in television programs when studying children (Peterson et al, 1984; Rychtarik, 1983; Miller, 1983). Messages and semiotics via visual and audio tracks are transferred through editorial content and programming but what about advertisements? Using media to "shape" a message targeted at diverse prospects expands the scope of an advertisement. Television advertisements should include models who represent the cross-sections of their intended target audiences (Hoffner, 1996; Holtzman & Akiyama, 1985; Downs, 1981; Donaldson, 1981; Dohrmann, 1975).

Research in the areas of cultural representation on television are typically studies in news and programming. However, advertising also shapes cultural perception. The power of advertising to create cultural expectation and expression is formidable and arguably growing with increased consumer research and technology.

But who are the commercial actors which are portrayed in television advertisements? As reported research attests to the educational, financial and social successes of including a variety of models in advertisements to represent viable prospects (Pollock, 1997; Fong, 1996; O'Leary, 1991). But only a couple of studies (Allan & Coltrane, 1996; Signorelli, 1994) surveyed several hundred television ads for gender portrayal distinctions. However, these two studies are limited because of their small sampling and are not representative of the general population of advertisements. Coltrane (1996) only considered award winning ads and Signorelli (1994) only evaluated MTV ads. Critical theorist studies in advertising (Pryor & Knupfer, 1997; Merlo & Smith, 1989: Langmeyer, 1989;) discuss gender portrayal but do not survey a representative sample of advertisements.

Are advertisers acting in a socially responsible manner? Do they include all types of characters and models in their prime time television advertisements?

Research Questions

RQ1. What are the demographic profiles of the primary actors during national network primetime advertising? Are physically impaired actors adequately represented?

RQ2. What are the demographic profiles of the secondary models during national network primetime advertising? Are physically impaired models adequately represented?

Research Method

This research collected 21 hours of February sweeps rating television programming for each of the three major networks (for a total of 63 hours) in 1998 and developed a statistical analysis of the advertisements.

The February sweeps period was selected because it is a representative sample of television advertisements. Networks develop strong programming for sweep periods because syndicated services like Nielson, use sweep time frames to measure share of viewership. Share of viewership by television network (as determined by Nielson) determines the advertising rates networks can charge. Advertisers place their newest television advertisements (like NFL Super Bowl advertisements) during sweep periods because of the "special viewer interest" generated by the programming. Using primetime advertising is the best daypart to generate a representative sample of the hundreds of thousands of ads which are aired over a year to the typical television household. Primetime carries family programming which should correlate to family advertising.

The data collection is straightforward. Video tape copies of the television programming are made during the three week sweep rating period. Seven consecutive evenings of primetime programming (7:00 p.m. till 10:00 p.m. CDT) were made for each network or channel.

The commercials were coded by one coder and 100 commercials were tested by this researcher to insure 90% intercoder reliability. Commercials were coded for: product name, product category (which included: household supplies, personal services, automotive vehicles, grocery products, restaurants and fast foods, retail stores, health and beauty aids, and television station promotions), gender of primary actors and secondary models, age of primary actors and secondary models, ethnicity of primary actors and secondary models, physical impairment and other special characteristics like animation or animals of primary actors and secondary models. A Primary Actor is usually used throughout the ad and is the center of focus for the camera. Actors usually have speaking roles but speaking is not required for the actors. Actors must interact with the product by using it or be affected somehow by its benefits. There does not need to be a primary actor in every ad. A Secondary Model is usually used as a decoration or background character. Models may interact with actors or models but their interaction with the product is not the focus of the ad. This research did not include models who have their back to the camera, have a blurred image or pass through the scene quickly (less than two seconds). A model must be "substantiated" visually so they can be recognized. A model very rarely has a speaking part.

Television station and network commercials were not evaluated for this study.

A particular product's television commercial may air more than once and on more than one network since advertisers use frequency as part of their television media strategy. Each showing of the commercial is counted individually because it accurately defines the concept of creating a virtual television culture. Repetitive messages (frequency) are used to substantiate (establish effective frequency) the commercial's message with its prospects.

Research Findings

There were a total of 2,388 primetime advertising commercials aired during the 63 hours of network television programs which were recorded and coded. Of these ads, 726 were not included in this study because they were network and television station advertisements used to promote programming. This leaves a total of 1,662 commercials which were coded and used for this research. In the 1,662 television advertisements, there were 6,800 Primary Actors, Secondary Models, Animals and Animated Characters identified and coded for the research. Of these 6,800 characters, 5,536 were able to be gender-indentified, of these 51% were Male and 49% were Female.

There were a total of 1,364 Primary Actors identified for the research. Primary Actors are typically male (55%), 21 to 50 years of age (71%), Caucasian (83%) and able-bodied 99.35% of the time. There were 4,205 Secondary Models identified as either female or male in the 1,662 ads. Secondary Models are typically Female (50%) or Male (50%), between the ages of 21-50 years (63%), Caucasian (82%) and able-bodied 99.55% of the time.

There were 10 physically impaired Primary Actors of the 1,364 Actors in the 1,662 television commercials. There were three advertisers who used physically impaired Primary Actors. Of these three advertisers, Wal-Mart ran their commercial seven times during seven different programs over the three weeks recorded. This single Wal-Mart advertisement accounts for seven of the 10 physically impaired Primary Actor roles coded. Wal-Mart role-casted a young girl who came to the Wal-Mart store to take her first steps (with forearm crutches) for her grandfather, a Wal-Mart employee.

Clear Away Wart Remover accounts for two primary, female actors because their commercial was aired twice. They role-casted a young woman between the ages of 21-50 to advertise their product. This woman was deaf (physically impaired with the loss of speech and hearing) and she spoke with her hands which were afflicted with embarrassing warts. The product cured her warts and saved her from social embarrassment.

The third national advertiser was State Farm Insurance. State Farm Insurance who casted three physically impaired characters in their one commercial. One wheelchair bound male was the Primary Actor, a Male in a wheelchair and a Female in a wheelchair were Secondary Models. The advertisement saluted the Primary Actor for overcoming his handicap and traveling across country in his chair as a special athlete.

The two Secondary Models in the State Farm Insurance advertisement were the only visually-detected physically impaired models from the 4,385 models which were coded for this research.

Conclusions

These results are pathetic and demonstrate an erosion instead of progress for the physically impaired population as represented in the advertising media. Compared with the 19 percent of the US population which is physically impaired there is unforgivable under-representation in television of the disabled as positive role models.

It seems advertisers have come to the unwritten conclusion, their products need able-bodied actors and models less their products be perceived as weak by the public. The typical stereotypes of physically impaired persons continue in the Wal-Mart (sympathy then cheer for overcoming adversity), Clear Away (shame then cheer for overcoming adversity) and State Farm Insurance (cheer for overcoming adversity) commercials. This research should serve as a call to arms.

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DISABILITY VISIBILITY:
CARTOON DEPICTIONS OF BOB DOLE

by

Gene Burd
Department of Journalism
University of Texas
Austin, Texas 78712
512/471-1991
FAX/471-7979
g.burd@mail.utexas.edu

for

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Abstract

This analysis of 65 editorial cartoons by 31 artists examined stereotypes of age and disability in images of Bob Dole. It found 46 were negative and 19 positive in a sample from newspaper reprints and originals in Newsweek, Time, U.S.News, National Review, Nation, and Editorials on File during the 1995-96 presidential campaign. Themes of death, violence and senility dominated images of Dole. Little connection was made between his disability and age and his political position or abilities.

Introduction: Media, Society and the Disabled

Historically, "People project their fear of death, their unease at their physicality and mortality onto disabled people.. (as). . .scapegoats. It is not just that disabled people are different, expensive, inconvenient, or odd. It is that they represent a threat. . . .to the self conception of western human beings--who since the Enlightenment, have viewed themselves as perfectible, as all-knowing, as god-like; able . . . to conquer the limitations of their nature through the victories of their culture."(Shakespeare, p.298.)

This myth of bodily perfection was common among Greek Olympians and their gods and godesses; entered into Judaic notions of the flesh; the Christian separation of the body and spirit; the god-like powers of modern medicine, the big business of personal body appearance and the popular social pressures to look "normal". Disability has also been seen as a moral failure by "others"(Stone). People with visible impairments have treated as second-class citizens and avoided by society.(Hardaway). In an oppressive and exploitative form, the freak show of the deformed and disfigured reproduced prejudice and discrimination for amusement and entertainment (Gerber, Bogdan).

Since the notion of disability is as much a social and political construction as it is a physical reality, much of what the general publis "knows", or thinks it knows, comes from what it hears, sees, and reads from secondary sources--the arts, mass media, and other popular purveyors of cultural imagery'(Zola, 1987, p.233.) One extensive survey of literature on media and the disabled found that negative and unrealistic images of the disabled cross over all media over time and show the disabled as: abnormal; evil, villainous, sinister demons and monsters; self-pitying and objects of pity; aggressive and violent; yet weak, dependent, powerless, threatening and maladjusted; incapable of sexuality, economically defective, a devalued burden; and missing from popular commercial culture, especially from images of physical beauty(Preston, VanHorn & Richardson).

From the Greek theater to Richard III's twisted deformity to the Oedipus story, charity ads, "Lenny" in "Of Mice and Men" and James Bond villains (Hevey), disabled characters are legion. There is Frankenstein, the limps of the witch in Hansel and Gretel and Laura in The Glass Menagerie; the deformed Philip in Of Human Bondage; Captain Ahab in Moby Dick; Long John Silver in Treasure Island; the "rich little cripple" in Heidi; and Tiny Tim in Dickens' Christmas Carol.(Kriegel).

Add to this stereotypical literary list, "disability pornography"(Bogdan & Biklen); blind musicians and news dealers; crippled beggars with a "handi-cap" and "cap in hand"; children on crutches, the language of the "blind leading the blind", "blind as a bat", "color blind", and the "ugly contests" in contrast to Miss or Mr. America, despite their anorexia, bulimia, plastic surgery and steroids.

Media Images Persist in Film

Media images ironically are disabling (Barnes) and a form of violence against the disabled, especially by films in Hollywood which has an "extraordinary fascination" with impairment(Gartner & Joe). The list is long:the Hunchback of Notre Dame, the Phantom of the Opera, veterans in The Big Parade, Best Years of Our Lives, Coming Home, The Deer Hunter; or civilians in Midnight Cowboy or My Left Foot (Longmore).

Even the well-intended film Elephant Man, can dehumanize and be negative, from a disability perspective because of its context of medicine's power and control; its context of medical and moral normalization; the diseased body infecting the good society; and the "better dead than a burden" because disability and abnormality are not humanly valid. The film's death scene used Samuel Barber's funereal "Adagio for Strings" as in the fight against mortality in Platoon; in Lorenzo's Oil; and on radio after FDR's death. The "doom of disability and abnormality is played out in all its eugenic and normalizing glory" and taunts the disabled with "eugenic/fascist slogans, usually from people who think they are the epitome of liberal thinking"(Darke, p.340).

TV and Advertisement Images

"Disabled people have had more images launched in their name than Helen ever had ships", accordiing to David Hevey's study of photos of the disabled. He calls "mainstream disability characters" an "oppressive representation" with an "imperialist tendency" similar to those used for Blacks and women who are also "aware that their bodies are constructed as the site of oppression"(Hevey, pp xv,7,11,117) with disability still "located exclusively in the body, not in the environment"(p. 10).

Television character images of the disabled show them as moody, sad, difficult, and to be pitied and feared. (Cumberland & Negrine). Disabled activists have had some success counteracting the pity syndrome on fund-raising telethons, and with their own cable access channel (Haller), but they have been somewhat dependent on past mass mediated images of popular entertainment culture figures with disabilities: Raymond Burr in a wheelchair on Ironsides; Mel Tellis, a stutterer and singer who later did dog food commercials; and blind singers like Jose Feliciano, Ray Charles and Stevie Wonder.

Response to the disabled has been slow from advertisers, although product models in wheelchairs have become more frequent, and one study found that positive ads on disabled will not necessarily foster positive attitudes or negative ads foster negative attitudes.(Brolley & Anderson). Advertisers for cigarettes, for example, have used young attractive models for appeal (Mazis, et.al.), rather than older people, whose negative images and stereotypes overlap with the disabled.

Not only are the elderly "an invisible generation on television"(Robinson & Skill), but there has been rather little research on aging among the disabled (Kemp), although "the common human experience of physical change, deterioration, old age and eventual death provides the universal tie that binds" the "new minorities" of the aged and disabled(Burd, 1977, p. 18).

Age Itself is a Form of Disability

Both the aged and disabled have had similar problems with stereotypes and access to mass media, Inasmuch as age and a dis-abled body eventually bring death to all, it is worth noting the increasing pattern of association, communication and "community" among groups who coalesce around cultural focus on the body, including race and gender as well as age and disability.

Consider the historic and emerging concern and support groups forming community and communication and classified as authentic and legitimate by the World Health Organization: those with blood diseases such as hemophilia, AIDS, anemia; nerve and sense organ groups with palsy and sclerosis; the institutionalized blind and deaf communities; circulatory, respiratory and digestive disorders such as coronary, heart, emphysema and ostomy problems; diseases of the skin, genitourinary and pregnancy areas; congenital anomalies (mongoloids and the facially disfigured); neoplasms covering laryngectomees; musculoskeletal and connective tissue (increasing because of accidents and violence); organ transplant "communities", those with parasitic and infective diseases; and endocrine imbalance groups such as Weight Watrchers, Fat Acceptance and TOPS; plus mental health groups concerned with addictions, behavior problems; and even the learning disabled and so-called "gifted" who make claims of discrimination and segregation. Ties among these groups are often more psychological and sociological than physical because of common experiences, isolation, and segregation from the larger society often unaware or apathetic toward them.

Under the best of physical conditions, it is the aged who ultimately experience physical disability and death, which remains a largely forbidden topic in a youth and media-oriented society, where the visual media are reluctant or unable to depict any of the bodily reality of aging, dying, and disfiguring conditions" since there is "a taboo against showing any missing parts, be it a result of radical mastectomy or an amputation"(Zola, 1985).

Negative stereotypes of the aged have been common on television (Bishop & Krause); in magazines (Smith, D.M.) on greeting cards (Demos & Joche); and in news, where the aged appear as ugly, grouchy, crabby, fat, foolish, angry, chilish, bumbling, near-sighted, loud-mouthed, hard of hearing, mentally deficient, impotent, eccentric, irrelevant "antiques", boring, forgetful, fumbling, ridiculous, contemptible, sleazy "geezers", unattractive, misshapen, sexless, toothless, infirm, desperate, decrepit, creaking, nappers, hardliners, "old goats", and in general unpleasant, undesirable and ugly (Wilson, J.S.).

Media become crucial for self-esteem and public images of the aged and disabled. The Gray Panthers' Media Watch has monitored both stereotypes and realities to correct the picture of the aged as the distorted "little old ladies" with bags and tennis shows in Dubuque and Pasadena; as the perverted "dirty old men" who are flashers in raincoats; the elderly in TV sit-coms like Golden Girls; and the models in negative ads about constipation, indigestion, arthritis, dentures, wrinkles, liver spots, incontinence, impotence, and being gray and bald.

Humor, Jokes, Disasters and the Disabled

Sick jokes about nuns, Helen Keller, AIDS, the Challenger, Chernobyl and Mt. St. Helen's disasters have been common. Such humor is a semiotic paradox on incongruity and absurdity, providing masked aggression and sexuality, which resides in the unconscious (Strachy). It poses as superiority over inferiority; with over and understatement to reduce tension and deal with entropy and transformation.(Burd, 1990)

Such humor is a "displacement of anger and critical mockery toward the victims,thus creating a covert attack on the system and individuals who caused the catastrophe". It is a way of assuring ourselves that the world is not out of our control and is "less about the ones who died than the ones who live on"(Morrow,p.181-82).

Jokes about the aged appear to have replaced the once acceptable jokes about race and gender. "I've fallen and I can't get up" gets a laugh by itself. Older people have appeared as fumbling, mumbling idiots on the popular Carol Burnet Commedy Show, on the Dick VanDyke Show, and in Johnny Carson's transvestite impersonation of "Dear Old Aunt Blabby" as a feeble, grouchy person with a cane. Carson's successor, Jay Leno, perpetuates the stereotypes with references to wheelchairs, tombstones, bedpans, barium x-rays, laxatives, denture fixes, preparation-H, incontinence, and loss of hearing and memory.

Cartoons as Caricature of Age and Disability

The elderly and other disabled have not fared well in cartoons, which by their nature distort and stereotype persons, groups and ideas, more often negatively than positively. The soaring, swift and sleek Superman, Batman and Wonderwoman contrast to the emaciated and gaunt faces and bodies of the aged. From "Olive Oyle" to "Sweet Polly Purebread" sexual stereotypes prevail in television cartoons, with only a tiny percentage of older characters even speaking (Levinson).

Stuttering "Porky Pig", speech-impaired "Elmer Fudd" and mentally retarded "Dopey" are represented as real life, along with Dick Tracey's criminals, "Ugly Christine", "Mumbles", "BeeBee Eyes", "Shakey" and "Miss Prune Face", and "Mr.

Magoo", a helpless, bumbling cartooned buffoon has angered the militant blind (Martinez). A 1996 Philadelphia Inquirer cartoon of a Republican elephant, with a pistol threatening to cripple a hostage, offended disability advocates (March/April, Disability Rag) which compared the "C-word" to the "N-word" offensive to Blacks. The threat of death has also dominated cartoons of those with AIDS, but even in those caricatures, the young active, socially stereotyped HIV-homosexual is not as subjected to cartoon incongruity as the largely un-infected, un-involved aged (Burd, 1990).

Cartoons on the aged mask hostility and discrimination, cultivate the fears of death, and glorify youth and the body. The elderly are portrayed as grumpy, gloomy, grouchy, sour, sad, sleepy and stupid; unhappy, unpleasant,uncaring, unattractive, unappealing, ugly and unsympathetic; frail, feeble, fragile, helpless and hopeless; mean, angry, violent and explosive; wrinkled, wobbly and wasted; depressed, doting, doleful, dying---and dead!(Burd,1999).

Disabled Political and Public Figures

The reality of American history is filled with examples of people in public life, especially in politics, who overcame both the stigma and stereotype of disability. Although some disability advocates understandably critize and are offended by the excess emphasis on the "super-human" disability model, it is perhaps useful for history and this study to note their mention in the Presidential Committee on Employment of the Handicapped (Lenihan):

Peter Stuyvesant, director general of New Amsterdam, had a peg leg after losing his right leg in a naval expedition; New York State's Gouverneur Morris lost his left leg in a carriage accident, but help draft the U.S. Constitution; Stephen Hopkins signed the Declaration of Independence, but had cerebral palsy; John Cook, Maryland Revolutionary War figure, had a club foot; Historian Francis Parkman had a nervous disorder; Abolitionist Thaddeus Stevens had a deformed foot and limped. (Lenihan)

John Wesley Powell, a Civil War veteran disabled at the Battle of Shiloh, led the Colorado Expedition and headed the U.S. Geological Survey; General Philip Kearny lost his left arm in the Mexican War, but later was a Brigadier General in the Civil War; Washington Roebling, helped finish the building of the Brooklyn Bridge, despite being injured in building it; Karl Steinmeta had a deformed back and was four feet tall, but designed electrical products for GM; The wife of Alexander Graham Bell, Mabel, was deaf and influenced his technical research on sounds and deaf "speaking"; and Bell's friend and admirer, Helen Keller, overcame her deaf-blind disability.(Lenihan).

U.S. Senator Bob Kerry was disabled in the VietNam War and Senaor Daniel Inouye lost an arm inWorld War II. Thomas Gore was blind and publisher Joseph Pulitzer had poor eyesight and later went blind; Writer William James had nervous fatigue and heart strain; Cartoonist Al Capp lost a leg; Novelist James Thurber was blind in one eye as was aviator Wiley Post (Lenihan). Beethoven's deafness and Tschaikovsky's repressed homosexuality are probably distorted explanations for their creative genius, but as with the more recent paralysis of scientist Stephen Hawking, specific physical or psychological conditions are often socially defined as debilitating and disabling and mis-characterize the total person
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Images of Political and Presidential Disability

Mediated public, political and presidential figures have become more common in the Media Age. Lee Harvey Oswald was killed on TV. George Wallace, presidential candidate, was also shot on TV and spent the rest of his life in a wheelchair. James Brady, Reagan's press secretary, survived an assassin's bullet. Actor Christopher Reeve, paralyzed in a jumping accident, spoke to the 1996 Democratic Convention. Senator Tom Eagleton was removed from the McGovern presidential ticket because he'd had shock treatments, and the Pennslyvania state treasurer shot himself to death in a press conference. And recent daily newscasts have shown the short stature of Robert Reich, former Secretary of Labor, and the trembling Parkinson hands of Attorney General Janet Reno.

Presidents' Abilities and Disabilities

Physical and mental conditions of presidents get more media attention than in previous decades. Military service and old war wounds resurface in political campaigns and history books. The war service of Washington, Taylor, Tyler and Harrison won acclaim. The alcoholism of Jackson and Grant and the fat of Cleveland and Taft were not major obstacles in elections. Lincoln's wife was known to be mentally ill, but it was not the reason he was elected or shot.

McKinley's wife Ida, was disabled by phlebitis and epilepsy, and after his assassination in Buffalo, his successor, Theodore Roosevelt, the once scrawny, asthmatic with defective eyes and lungs, developed an able image of an ex-cowboy, boxer, Big Game hunter, and warrior charging up San Juan Hill with his Big Stick diplomacy. Wilson "kept us out of war" and its disabling consequences, while Harding and Hoover were apparently more healthy than their politics, and hard times were ahead. By the time the polio-stricken FDR, (publically invisible from the waist-down) had led the country through war and its own Depression, the poorly-sighted World War I veteran Harry Truman was followed by

Eisenhower who escaped injury in the war, but suffered a (difficult to photograph) heart attack.

Kennedy's war plight on PT-109 and his weak back landed him part-time in a rocking chair, and LBJ's public exposure of his gall bladder surgery scar upset many during the VietNam War, while Nixon's stress-induced phlebitis got even less public sympathy. Ford's falls from imbalance netted press humor and the less photogenic Carter's hemorrhoids went largely unnoticed except by him. Reagan's memory and sleepiness from early Alzheimer's brought jokes, despite his horseback riding,wood chopping, and ample hair--allegedly dyed. Bush's war pilot experience probably helped him make his parachute jump and Clinton's weight and allergies did not prevent his impeachment or delay his gray hair.

Age and Mediated Presidential Appearance

"In the post-Watergate era, we are no longer inclined to treat Presidents as heroic figures, We permit the media to subject them to the scrutiny that reveals their weaknesses and flaws. . ."(Woodward, p. 53). In fact, "Every presidential campaign has to start with the basic stuff of politics: the candidate's body".(Talbot). "In Washington, as in Hollywood, it's the appearance of age that matters. Looking younger almost makes it so. . .The most important variable in a caandidate's appearance is his age."(Talbot). Thus, the Tom Dewey moustache was too close to that of Hitler; Robert Taft had acne (visible on TV) but Ike's baldness was OK because he smiled and looked like "Mr. Clean" in the TV commercial. Kennedy's hair was thick and Reagan's was the right color; Nixon's eyes were too beady and Carter's smile almost too big. The visibility of FDR's polio and Dole's damaged right hand may be unique in comparison to other recent presidential disabilities.

The invisibity of FDR's polio braces and wheelchair and Senator Dole's visible damaged right arm and hand offer comparative photogenic high profile examples, although one was president and the other not, and there were differences in their nature and severity of their injuries, and in public and press attitudes at the time. FDR was 39 in 1921 when he contracted polio and never walked unaided again. He kept it private and "His family, the White House, and the media, the Washington D.C. establishment and the public at large engaged in a silent conspiracy" to deny it (Woodward).

It was called a "Splendid Deception" by Hugh Gallagher, and when the multi-monument complex to FDR was unveiled in 1998, there was only a "single tiny and obscure paragraph" about his polio amidst three seated statues of him without his steel braces. Disabled activists in wheenchairs publically protested the "cover-up" of the truth and posted a rare photo of only two of FDR in a wheelchair (Feinsilber).

FDR in Disabled Closet, Dole Out of It

In contrast, the disabled considered Dole in his 1996 presidential race to be "the most visible person with a visible disability in America today"(The Disability Rag and ReSource). While FDR's legacy was leadership during World War

II, Dole's injury in that war occurred in Italy on April 14, 1945, where as a 2nd Lieutenant he was hit in his back and right shoulder by mortar or bullets, but survived, after losing a kidney, and nearly dying from infection while recuperating in Kansas. Despite some competing versions of his heroism, the facts of injury and damage are not in dispute.

One sympathetic biographer (Hilton) describes how Dole finally regained use of his legs, left arm and hand, but "his shattered right arm and shoulder remained physically grotesque and useless. . . hanging from his shoulder"(p.42). One chapter titled:"The Man With the Withered Arm" said Dole was sensitive about his arm, could not shake hands, kept it in his pocket, but eventually developed the habit of "holding a pencil or paper or a very light briefcase in his right hand"(p.54). Eventually, "Dole's keen comedian's talent, impressive in Russell before the war, was now honed to a razor's edge. Humor became hs antidote to the grim realities of his physical condition and a shield to camouflage his true feelings"(p. 41).

A less sympathetic version of Dole's heroism was reported by a veteran in the same division and regiment and published during the presidential campaign in The Nation debunking Dole's war record as "considerably less than awe-inspiring" and his heroism an untruthful "casualty of politics"(Ellis). In a lengthy 5-page attack on the senator's campaign literature from "The Republican Party propaganda machine", the magazine was concerned about Clinton's image as a "baby boomer" who had "skirted" military service, and two writers in the expose noted that "Taking a hesitant approach to war is not uncommon, nor is it ethically a character flaw"(Corn & Schemm).

The story said Dole was not a brave leader, did not play a significant role in defeating the enemy and was not gravely wounded while trying to drag his fallen comrade into a fox hole. It said that his unit was not under any untypical fire, that his first wound was admitted by Dole to have been self-inflicted by his own poor grenade pitch; and the wound that crippled him occurred when the platoon was on night patrol to capture a prisoner(Ellis). Dole's "actions were hardly the stuff of heroism",, neither "remarkable" or "exemplary" the Nation story reported, along with a sidebar (Corn & Schemm) that Dole did not volunteer after Pearl Harbor like millions did, and that he entered the reserves to delay induction, and "sought to duck combat as an infantryman".

In his own autobiographical account with his wife, Dole notes as a platoon leader he pulled a buddy back into the fox hole and his own wounds "crushed my collarbone, punctured a long and damaged vertebrae, leaving me paralyzed from the neck down"(Dole & Dole, p. 47). He wrote that in 1947 "disabilities were still kept in the closet", but he learned how adversity and a handicap can increase personal resolve and sensitivity to others. Although, "Today, I am unable to grasp objects with my right hand or carry anything heavier than a pen", he realized that "Maybe I couldn't use my hand, I told myself, but I could develop my mind. If unable to greet voters with my right hand, I could always reach out with my left."(Dole & Dole, p.54.55.59). (Left-handedness has been identified with being sinister, malicious, tactless, unsophisticated and maladroit, and a minority condition bringing discrimination (Birnbaum).

Dole's Appearance and Visual Politics

When Dole was nominated for vice-president in 1976 by a blind Iowa delegate, his TV acceptance speech and debate later with Mondale had a sign language interpreter in the screen inset. Dole also identified with Black Americans facing discrimination and lack of public access like the disabled. In his campaign for President in 1996, some random examples illustrate the mood regarding visual images and humor surrounding the disabled and aged, and especially a focus on Dole's appearance.

Early on, the press pictured Dole as mean, as "haggard", as "looking down and downbeat" next to the younger Clinton, with "Doubts About Dole" in a "Last Call" trying to "go the distance"(Newsweek-NW, 2/5/96). After his loss in 1976, he had learned TV "was not his friend" as "He tried to be flip and relaxed but came off as a hatchet man"(NW 8/19/96.p.35).

"Dole Has No Soul" (ABC 9/11/96) as MoTown's Issac Hayes threatened to sue Dole for use of his song as his campaign tune, saying it would appear he was endorsing Dole and such would be the "death " of his song and he would not even give permission for Dole to use it even if he asked.(ABC-Good Morning America, 9/11/96).

Dole was pictured as living in the 1950s, "not in touch" with the public which wanted to be "sold" a charismatic candidate. Unlike the "warm and fuzzy" Clinton, Dole failed to "connect" as a pre-TV candidate as the "undercurrent is age" and "a problem" he can't dispose.(Mark Shields & Paul Gigot,PBS, 11/5/96). Dole "sounds" and "looks" negative and does not "look presidential" as a professor said 12 million children are hungry and angry at Dole (CBS News 10/5/96).

Halloween masks of Dole's face sold best, and pictures of presidential candidates were used as criteria in a Parents' Magazine poll.(USA Today, 10/3-/96). Dole's age of 73 was repeated, despite his having more stamina than the press corps on the campaign tour (ABC, 11/5/96); and being healthier than Clinton (Illustration VI), who refused to reveal his medical records like Dole. Dole was nevertheless the object of jokes and comedy by: Northeast Don Imus's talk radio, Saturday Night Live's Al Franken; Hollywood's Rosie O'Donnell who told the public that "Dole Sucks", and Whoppi Goldberg who said the country needed a "handsome" president like Clinton.

The press "howled' with laughter at the National Press Club after Dr. Jack Kevorkian, the "Suicide Doctor" and "Doctor of Death", was introduced by his attorney who declared "'Having done as much as he can, Dr. Kevorkian will resign as Bob Dole's campaign manager" but wants Dole to know that the "gift certicate is good until after the election". Even Kevorkian laughed. (Washington Times, 7/30/96.p.22)

Jay Leno's jokes on NBC's "Tonight Show" stereotyped Dole as dour, sour, uncaring, insensitive and just plain too OLD: The Dole back-to-school lunchbox contained prune juice, metamucil--and cigarettes! (9/10/96).He was not sexually active like Clinton (9/17/96); and scares people at Halloween (10/21/96);Dole is a 1912 candidate, advertises for sour milk, and lives (dies ?) in a crypt (11/5/96). When NBC's White House correspondent Brian Williams appeared on the Leno show (10/10/96), he conceded that although Dole was "the most decent man in politics" and of "the best generation we ever fielded" and which "saved us from Hitler", Williams said one of his co-workers said Dole "scares me" and "No matter what he says, he should get off my lawn".

Post-Mortem, Post-Election, Popularity of Dole

Long after Dole's defeat, Leno referred to him as a "dinosaur"(6/9/97); a "dead guy"(4/7/97); a member of a law firm named "Crabby, Grouchy and Grumpy"(4/10/97); and at Dole's 155-year-old birthday party, aged "Golden Girl" Estelle Getty jumped out of his cake.(7/22/97).

Injured and pained by defeat, Dole again turned inward with self mocking humor as a defense. He appeared on Saturday Night Live, the David Letterman Late Show, on Suddenly Susan, and on the Toight Show where he "sent Jay Leno into peals of laughter". His "new TV stardom" was for his former critics "an unexpected form of therapy that's helped the real Bob Dole come out of hidiing"(Murphy).

Dole was popular with the young who identified with an entertainment format rather than his political message. Once he and others accepted him as a joke and not a serious political threat, TV and "teenage girls gushing" accepted his laid-back, casual, approachable style (Carl). Columnist Richard Reeves blamed Dole's campaign advisers (not the press) for locking Dole up "in a room" as the medium which helped defeat him is "now credited with his resurrection and rehabilitation".(Murphy).

Dole, a Nixon admirer, even joked about his living at Watergate next door to Monica Lewinsky, saying he might give tours but he walked by her apartment quickly to avoid getting a subpoena. He once referred to TV wiring for his microphone, which made him feel like Linda Tripp (Carl). His ultimate media transformation was in TV commercials. For VISA credit card usage, he was asked by old Kansas friends for identification. And the disabled war veteran, with his limp right arm, regained his penis prowess despite sexless old age and prostate cancer through his "courage" to face erectile dysfunction ("ED")while his young wife, Elizabeth, testified to its efficacy as she herself moved toward a candidacy for President.

After the election, the press concluded the "real" Dole had not been in the campaign. Age was the "killer bullet he could never get past", said NBC correspondent Gwen Ifill (PBS

1/17/97). After Dole had referred to a "bridge to the past" in his San Diego acceptance speech, Clinton adopted the "bridge to the 21st Century" as a means to discredit Dole (Rush Limbaugh, 1/20/97). Dole's magnanimity as a Good Samaritan was "a trait that did not always come across in his failed presidential race"(Associated Press, 4/18/97). Newsweek's Jim Fallows (11/18/96) even invoked the tone of death as the "End of the Line for Peter Pan" (for Clinton) but also suggested that "Bob Dole died in a way on November 5", while "In a more important sense, Bill Clinton did, too." because "this is the first time he has had to face the end of his next four years". Fallows prophetically wrote that "The real question is whether he (Clinton) can remain engaged and vigorous now that he had nothiing more to become. . . ."(pp 5+)

Cartoons Showing Dole's Disability: Methodology

The dearth of studies and the difficulties of assembling print editorial cartoons has not raised much research concern. Newspapers appear not to index them by subjct, topic or issues. Syndicated collections are difficult and expensive to obtain, according to Cartoonists & Writers Syndicate, although the new educational "Cartoon News" magazine offers some potential as have newspaper reprints of that same title.

Sampling difficulties are complicated by changes in computerized visuals of photos and On-Line and CD-ROMs. Content analysis of cartoons is made even more challenging by the multiplicity of meanings, their multiple symbols, and the difficulty of adapting traditional coder reliability in content analysis of words to symbols.

In this abbreviated, pilot study, primitive sampling was used to assemble a composite collection of newspaper and magazine editorial cartoons on Dole gathered from: Editorials on File (EOF), and newspaper reprints and originals in Newsweek(NW), Time(T), US News(USN), Nation(N) and National Review(NR) in the long 1995-96 Dole campaign for President. Some editorial balance was considered, but criteria for the predetermined news-magazines' selections of reprints was not explicit in the collections. A few EOF mug-shots in editorials on Dole were not included; and the last names of artists and their affiliations were detected through use of a magnifying glass. Dates on re-prints in the samples are naturally different from the original publicaion dates. Duplicated/repeated cartoons were not included in the total count.

All 65 cartoons depicting Dole and his campaign are included. They are categorized as to whether they depict his age and disability as positive or negative in images of: (1) both hands; (2) left (abled) hand; (3) right (damaged) hand; or (4) no hands (head only) or no body. In this focus on one part of the body. there is no attempt here to microscopically trivialize a disability as only a body part separate from the whole person.The research focus on the artists' use of visual symbols however, does seem important in pictorial images, especially in this case involving political gestures, handshaking, and Dole's conscious decision to grasp a pencil in his right hand. Emphasis is placed on forms of visual images as they represent themes and stereotypes of the aged and disabled.

Depiction of Dole's Age and Disability (65): Findings

Visual Image:	No:	Negative:	Positive::
Shows Hands	(48)	(33)	(13)
Both	25	18	7
Left	11	9	2
Right	10	6	4
Neither:	(17)	(14)	(3)
Head Only	11	10	1
No Body	6	4	2

Artists (39):		Affiliation (31)
Macnelly	(5)	Chicago Tribune
Rogers	(5)	Pittsburgh Post-Gazette
Luckovich	(4)	Atlanta Constitution
Marguiles	(3)	The Record
Peters	(3)	Dayton Daily News
Deering	(3)	Arkansas Democrat-Gazette

Two (2) each were from U.S. News (Toles); Washington Post (Oliphant); Menes; Louisville Courier-Journal (Anderson); Kansas Newspapers (Judge);Christian Science Monitor (Janger); Nation (Matson);San Diego Union (Skelley).

One each fron Palm Beach Post (Wright); Philadelphia Inquirer (Auth); Houston Chronicle (Houston); Springfield, IL, State Journal-Register (Thompson); Springfield News-Sun (Catrow); Cincinnati Inquirer (Borgman); Times-Union (Babin); Ft. Lauderdale Sun-Sentinel (Lowe); Syracuse Herald-Journal (Cammuso); Los Angeles Times (Conrad); Milwaukee Journal-Sentinel (Markstein); Dayton Beacon-Journal (Bok); Daytona Beach Sun-News-Journal (Beattie).Pen Tip International Featues (Foote); Scripps-Howard (Payne); and Nation (Brodner, Tomorrow, Jones, Kroninger, and Wuerker).

ILLUSTRATION I: (Both Hands)

1-N: Uses able left hand to light torch for rocket to "boost" women and minorities into space as "always".

2-N: Attached to rocket for campaign take-off as strategists "mutter, mumble, grumble, drone and murmur".

3-N: Uses left hand to throw mud at Clinton, an angel on cloud above scandals.

4-N: Dressed as Puritan, his left hand holds suicide note for Thanksgiving turkey

5-N: Fat Dole's disabled right hand squeezes trigger of sub-machine gun, regarding criticism of movie violence.

6-N: Stands on top of welfare recipients "on the dole" with his penciled right hand poised over them like a dagger.

7-N: Snores before young audience on MTV stage.

8-N: Stammers at podium as aides call "911".

9-N: Forgets Truman and Brooklyn Dodgers are in past.

10-N: Disabled right hand(without pencil) squeezes and leads elephant's trunk into California ("Hillarywood") which wants no fat, wrinkles,jogging or smoking.

11-N: Shows his dentures as his "Bridge to the Future".

12-N: Abled left arm-hand gestures on budge compromise, but shown in Lincoln top-hat speaking at Gettysburg cemetery.

13-N: Dour Dole using walker as podium next to abled Clinton at regular podium in presidential debate.

14-N: Backward leader in old Model-T from last century.

15-N: Lost and surly with map and child in back seat of newer car driven by smiling Clinton heading for "GOP Agenda".

16-N: His own car in shambles in a garage.

17-N: In huge football uniform, but out-of-touch and unappealing to young who identify with younger, smaller Kemp.

18-N: Youth confuses "Dole '96" button with his age.

19-P: Locked in fire extinguisher/alarm box, breakable "when you've had all you can stand of the Clintons".

20-P: Dole's pencil-hand and pointing able arm try to get attention overshadowed by huge President and his seal.

21-P: Dole and Clinton at debate podiums use colorful Southern metaphors in regard to absent Perot.

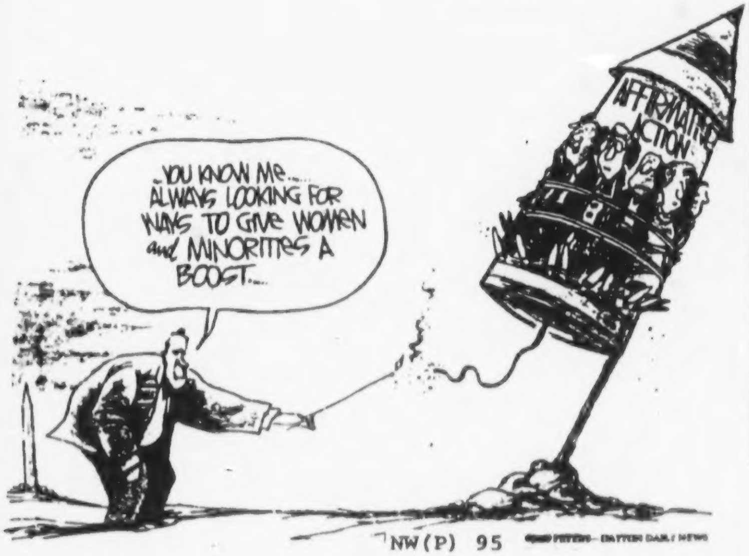
22-P: Dole sitting on money bags to sell his candidacy.

23-P: Dole ("Mr Butts") and Clnton ("Mr. Weed") both at debate podia encased in cigarettes and part of "permissive" culture in Sixties and Senate; (Dole appears to clench cigar in right hand among money bags).

24-P: Skinny and scrawny, but vigorous Dole on exercise tread-mill with campaign aides.

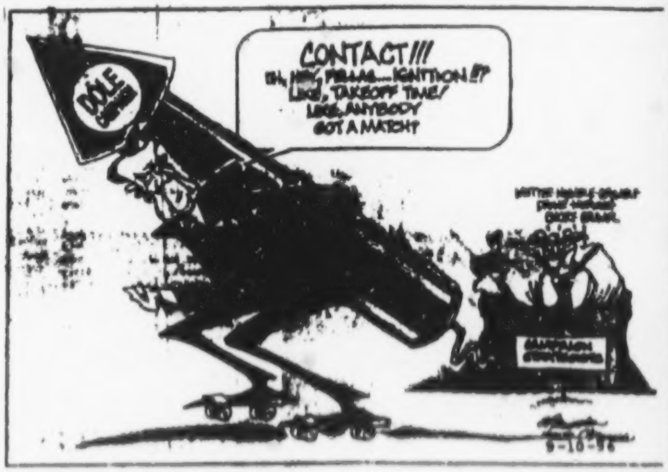
25-P: Long-bearded Dole jogging ahead of Republican competitors as "Forrest (Gump) Dole".(Reprinted by Disability Rag & ReSource, July/Aug. 1996, as "A Disability Outing of Dole")

ILLUSTRATION I (Both Hands)

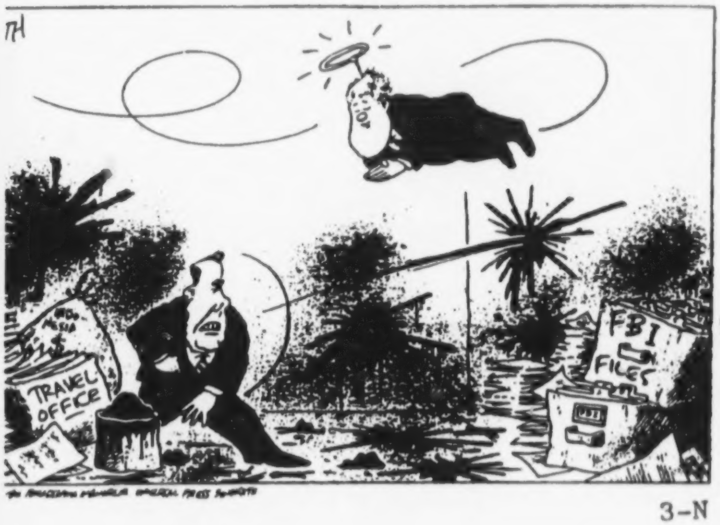

...YOU KNOW ME... ALWAYS LOOKING FOR WAYS TO GIVE WOMEN and MINORITIES A BOOST...
AFFIRMATIVE ACTION

NW(P) 95

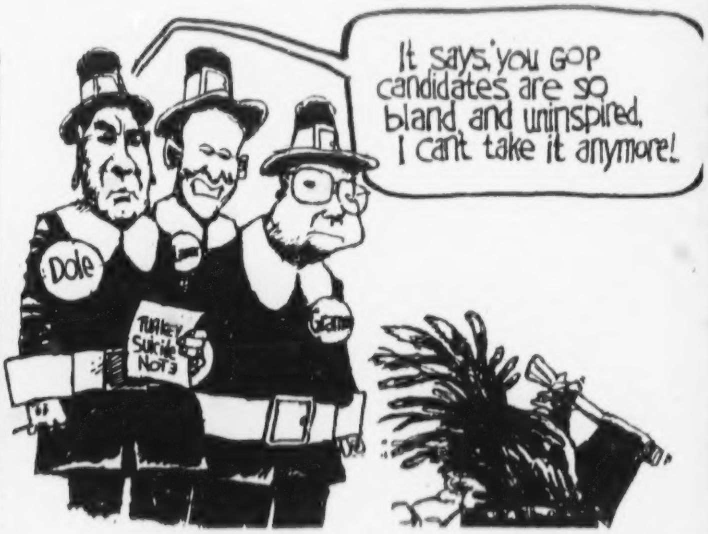
1-N


CONTACT!!!
UH, HEY, FELLAS... IGNITION!? LIKE, TAKEOFF TIME! LIKE, ANYBODY GOT A MATCH?
DOLE
9-10-95

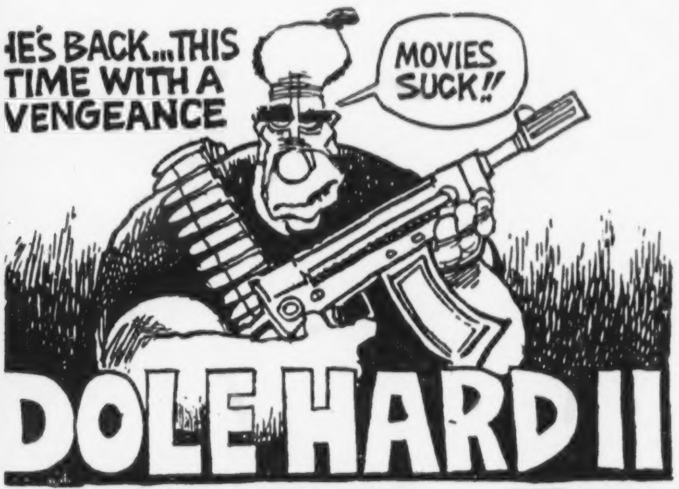
2-N


TRAVEL OFFICE
FBI FILES

3-N


It says, 'you GOP candidates are so bland and uninspired, I can't take it anymore!
Dole
TURKEY SUICIDE NOTE
Gramm

4-N


HE'S BACK...THIS TIME WITH A VENGEANCE
MOVIES SUCK!!
DOLE HARD II

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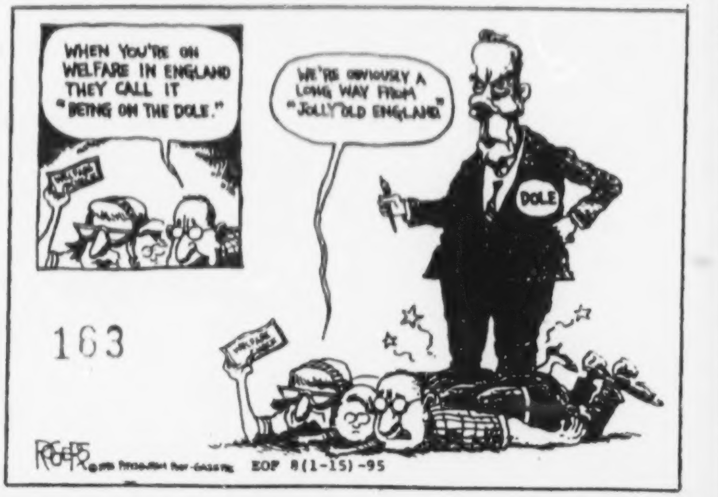
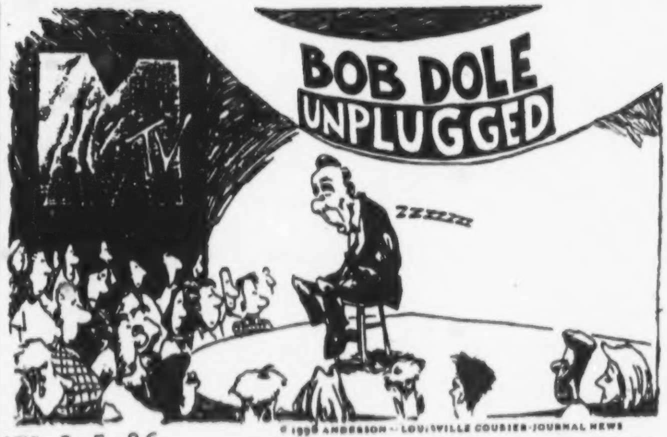

WHEN YOU'RE ON WELFARE IN ENGLAND THEY CALL IT "BEING ON THE DOLE."
WE'RE OBVIOUSLY A LONG WAY FROM "JOLLY OLD ENGLAND."
DOLE
ROGERS

EOP 8(1-15)-95

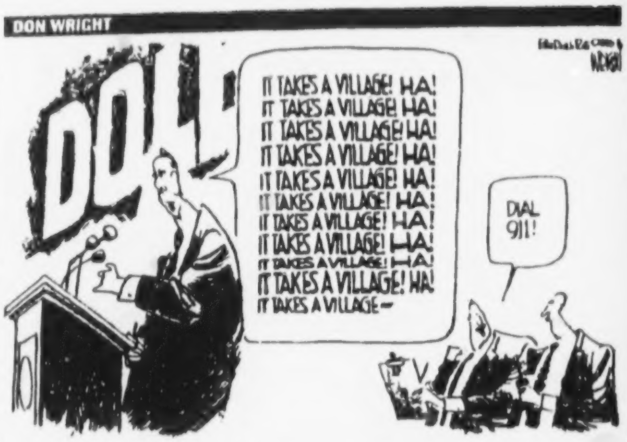
6-N


BOB DOLE
UNPLUGGED
MTV
ZZZZZZ

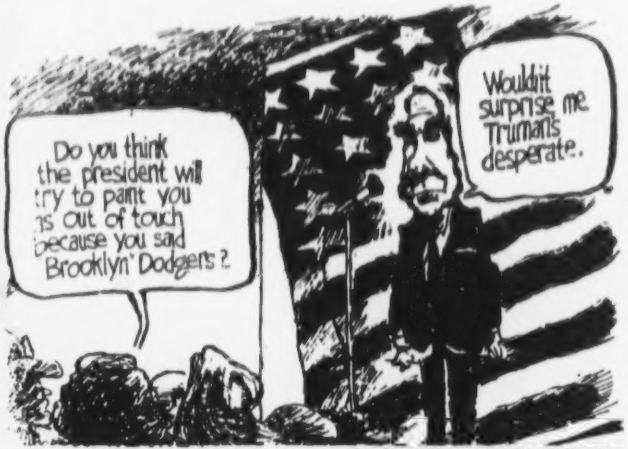
© 1996 ANDERSON – LOUISVILLE COURIER-JOURNAL NEWS

NW 2-5-96

7-N


DON WRIGHT
WRIGHT
DOL
IT TAKES A VILLAGE! HA!
IT TAKES A VILLAGE! HA!
IT TAKES A VILLAGE! HA!
IT TAKES A VILLAGE! HA!
IT TAKES A VILLAGE! HA!
IT TAKES A VILLAGE! HA!
IT TAKES A VILLAGE! HA!
IT TAKES A VILLAGE! HA!
IT TAKES A VILLAGE! HA!
IT TAKES A VILLAGE! HA!
IT TAKES A VILLAGE –
DIAL 911!

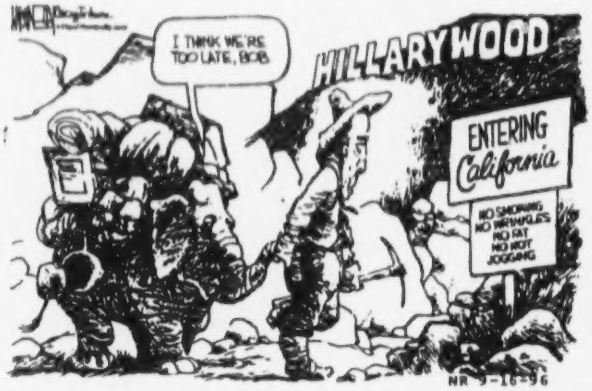
8-N


Do you think the president will try to paint you as out of touch because you said "Brooklyn" Dodgers?
Wouldn't surprise me. Truman's desperate.

© 1996 LUCKOVICH – ATLANTA CONSTITUTION

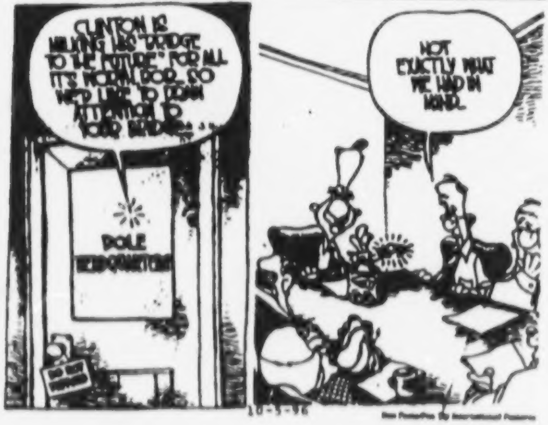
NW 9-30-96

9-N


I THINK WE'RE TOO LATE, BOB
HILLARYWOOD
ENTERING California
NO SMOKING
NO WRINKLES
NO FAT
NO NOT JOGGING

NR 9-16-96

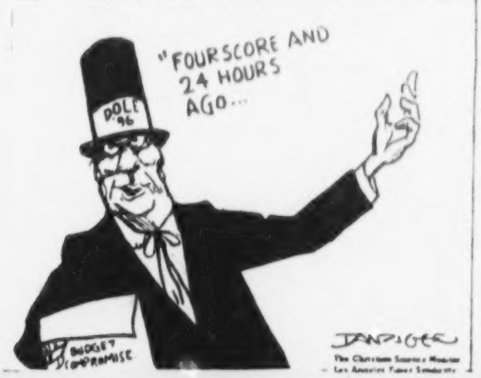
10-N


CLINTON IS MILKING HIS "BRIDGE TO THE FUTURE" FOR ALL IT'S WORTH, BOB, SO WE'D LIKE TO DRAW ATTENTION TO YOUR BRIDGE...
DOLE HEADQUARTERS
NOT EXACTLY WHAT WE HAD IN MIND.

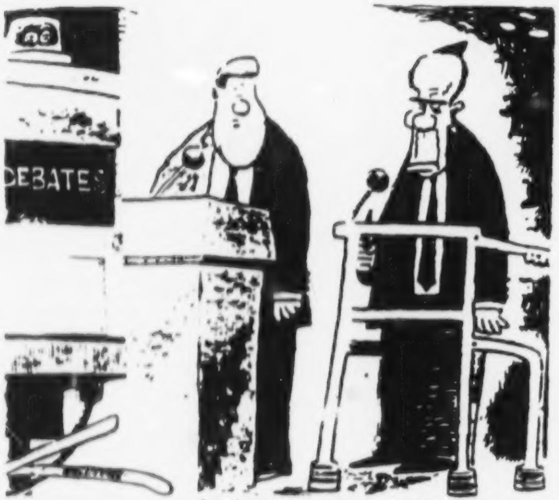
10-5-96

11-N

The Union is Saved!


"FOURSCORE AND 24 HOURS AGO...
DOLE '96
BUDGET COMPROMISE
DANZIGER

The Christian Science Monitor
– Los Angeles Times Syndicate



© 1996 DEERING – ARKANSAS DEMOCRAT-GAZETTE

?T? 10-14-96

13-N

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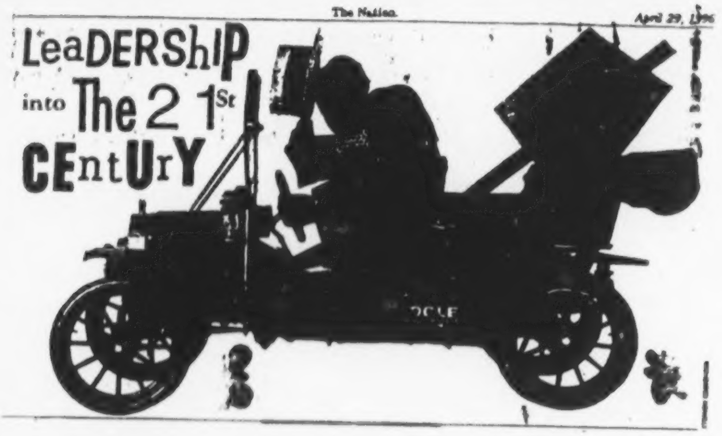
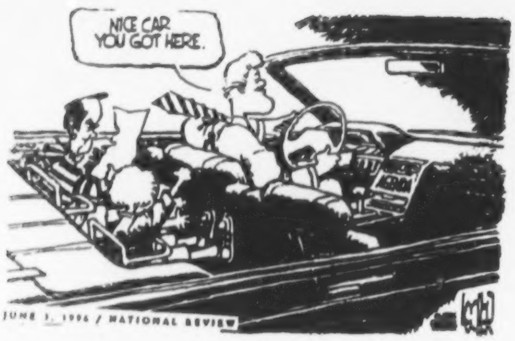
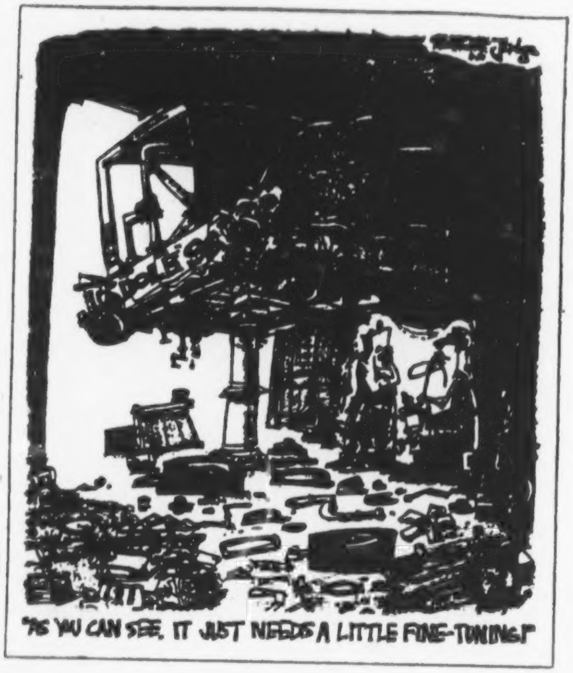

The Nation
April 29, 1996
LeaDERShIP into The 2 1st CEntUrY
DOLE

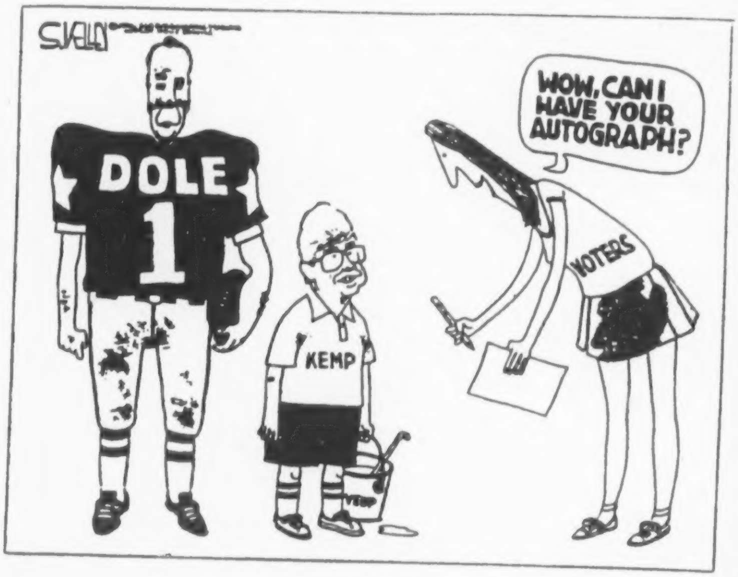
14-N


NICE CAR YOU GOT HERE.
AGENDA
JUNE 3, 1996 / NATIONAL REVIEW

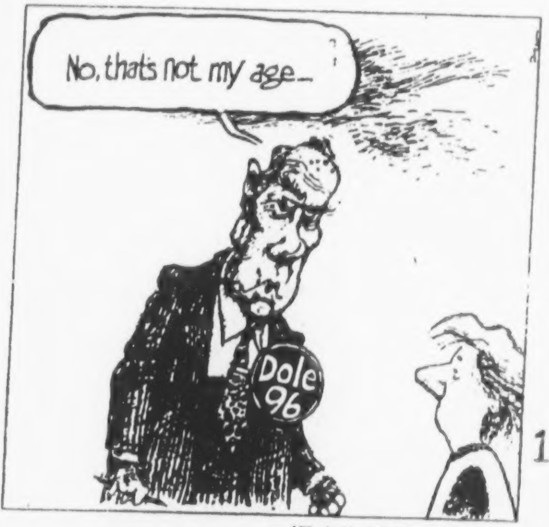
15-N

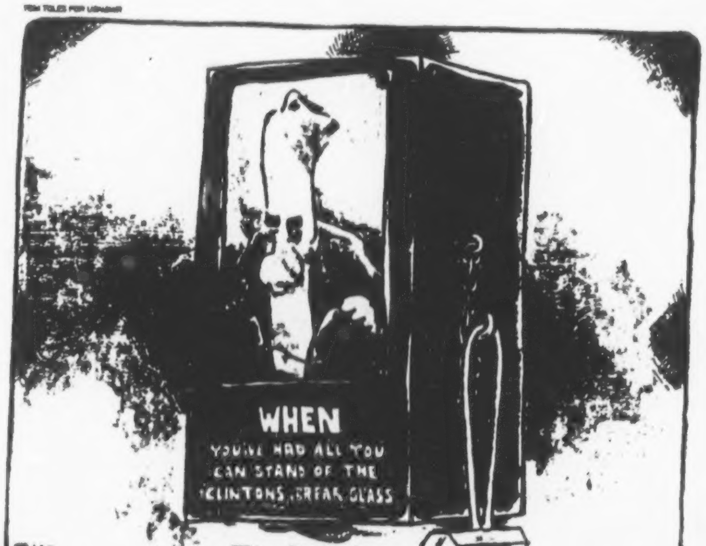

"AS YOU CAN SEE, IT JUST NEEDS A LITTLE FINE-TUNING!"

16-N

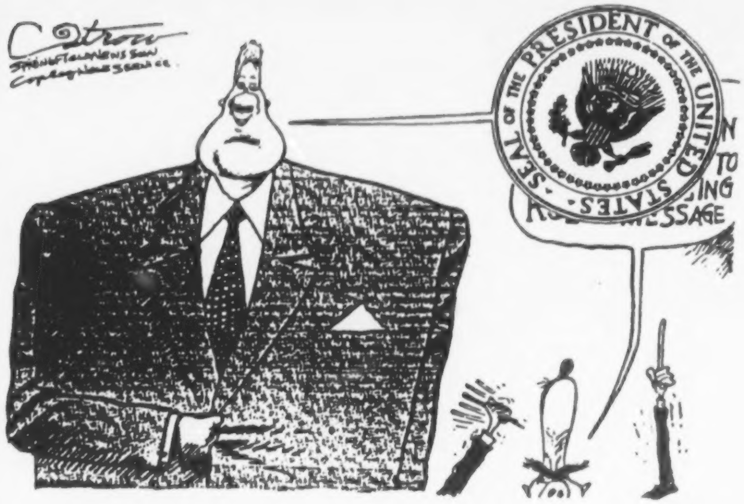

SKELLY
WOW, CAN I HAVE YOUR AUTOGRAPH?
DOLE 1
KEMP
VOTERS
VEEP

17-N

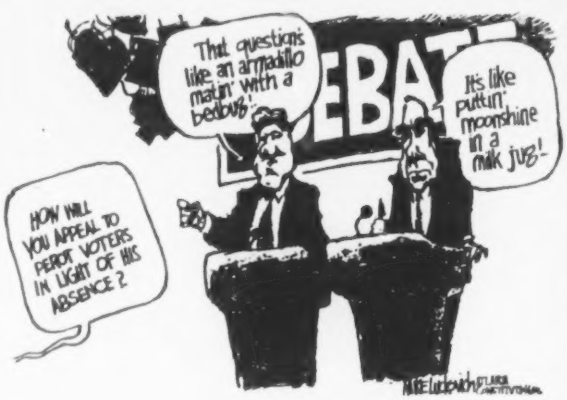

No, that's not my age...
Dole 96
Mike Luckovich/Atlanta Constitution


WHEN YOU'VE HAD ALL YOU CAN STAND OF THE CLINTONS, BREAK GLASS
The Dole Plan
TOLES
U.S.NEWS & WORLD REPORT, JULY 15 / JULY 22, 1996
EMERGENCY USE ONLY

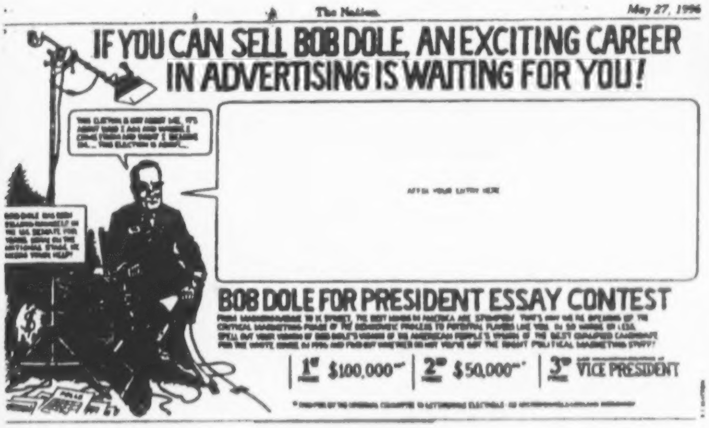
19-D


Ostrow
Springfield News Sun
Copley News Service
SEAL OF THE PRESIDENT OF THE UNITED STATES
N
TO
ING
MESSAGE

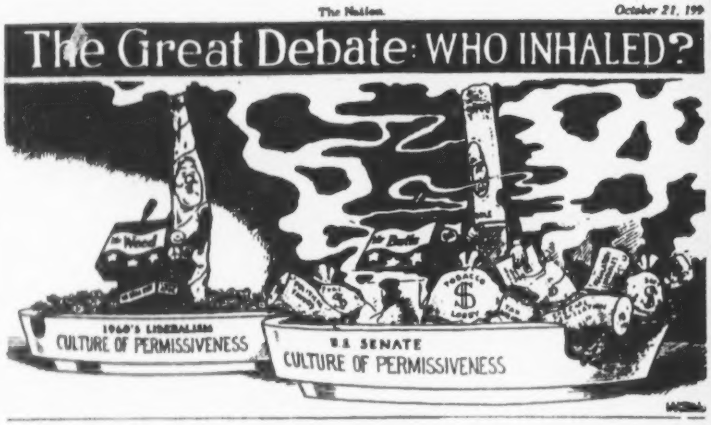
20-P


DEBATE
That question's like an armadillo matin' with a bedbug!
It's like puttin' moonshine in a milk jug!
HOW WILL YOU APPEAL TO PEROT VOTERS IN LIGHT OF HIS ABSENCE?
Mike Luckovich

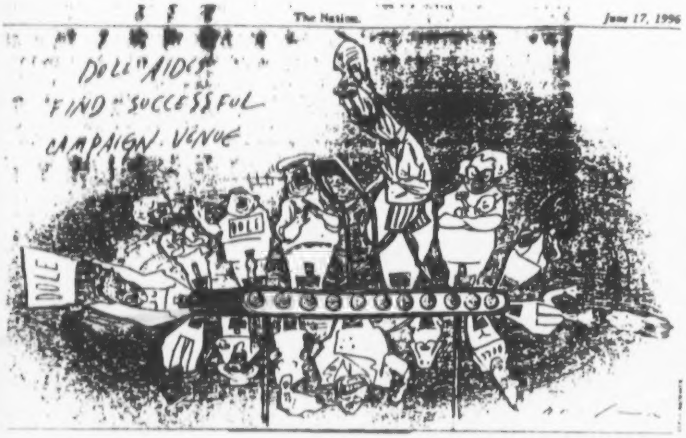
21-P


The Nation.
May 27, 1996
IF YOU CAN SELL BOB DOLE, AN EXCITING CAREER IN ADVERTISING IS WAITING FOR YOU!
BOB DOLE FOR PRESIDENT ESSAY CONTEST
1st $100,000
2nd $50,000
3rd VICE PRESIDENT

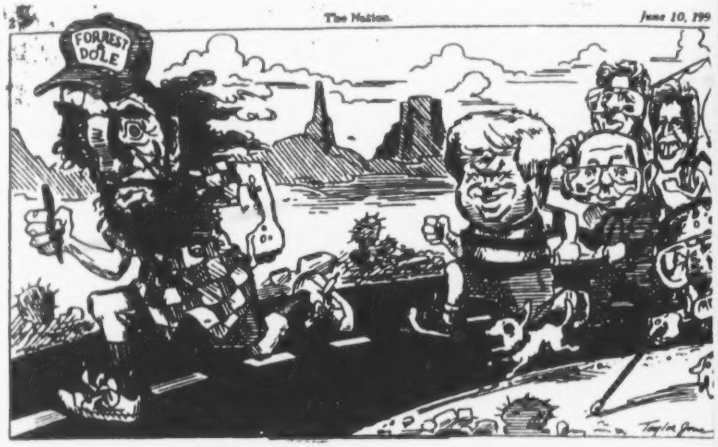
22-P


The Nation.
October 21, 199
The Great Debate: WHO INHALED?
Weed
Butts
TOBACCO LOBBY
$
1960's LIBERALISM
CULTURE OF PERMISSIVENESS
U.S. SENATE
CULTURE OF PERMISSIVENESS

23-P


The Nation.
June 17, 1996
DOLE AIDES "FIND" SUCCESSFUL CAMPAIGN VENUE
DOLE
DOLE

24-P


The Nation.
June 10, 199
FORREST DOLE
Taylor Jones

25-P

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ILLUSTRATIONS II: (Left Able Hand)

26-N: "Doleful" Dole mortician folds able let hand with pencil covering right hand in composure that captures his "persona" as competent with the dead.

27-N: Angry Dole uses able left hand to spray-paint Clinton's poster face with his "old Bob Dole" designation of "Bozo".

28-N: Cranky, critical, rude, self-conscious of his age painted on billboard.

29-N: Firm left fist gestures as he struggles to speak , but fails in contrast to the younger Kemp.

30-N: Gruff, mocking, indecisive, uncertain, unsure Dole imitates Lamar Alexander playing piano with left hand.

31-P: Youthful Dole, gestures with left hand on issues.

32-P: Mature, professional "Dr" Dole points left hand to eye test chart to say "NO" to Clinton.

33-N: Forgetful Dole's empty list and left hand gestures fail to persuade female voters.

34-N: Gruffy, out-of-touch loser and racist can't relate to audience.

35-N: Grouchy, jealous, mean Dole clutches primary victory trophy with left hand while opposing candidate chews his right leg.

36-N: Violent, mean Dole chokes old, "sucker" voter with his able left hand, while pleasant Clinton(with a small bag of campaign money behind him) builds "bridges" with a voter.

ILLUSTRATIONS III:(Right Disabled Hand)

37-N: Grasps "abortion plank" with his disabled right hand (without pencil in it) to split open the skull of an opponent.

38-N: Grumpy grasp of pancake turner (or swatter) with disabled right hand to chastise hungry minimum wage earners.

39-N: Non-smoker Dole has cigarette explode in his face as laughing NBC reporter Katie Couric interviews him on tobacco.

40-N: Non-smoker Dole holds smoking cigarette in his disabled right hand (in place of the pencil), while wearing a "No Smoking" badge.

41:N Dole's right hand fingers gesture critically on violence in entertainment, from the frowning "Dracula Dole" in a coffin labeled with the Constitutional amendment on the right to bear arms.

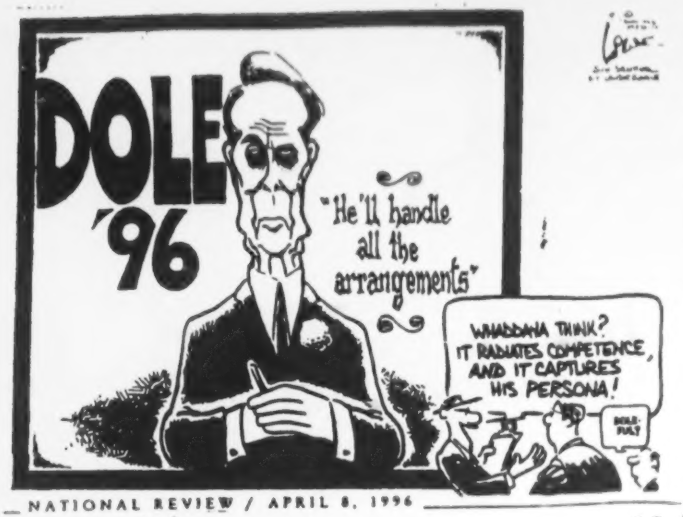
42-P: Dole's hand(s) ? clasped by skeptical female who sees him as brooding, fearful, distrustful, unreal, and a sexist living in the past.

43-N: Speaking at podium, but alone, ignored by young woman in audience wooed by Clinton.

44-P: Both Dole and Clinton "milk" truck of gas prices, as Dole uses his damaged right hand to squeeze a teat.

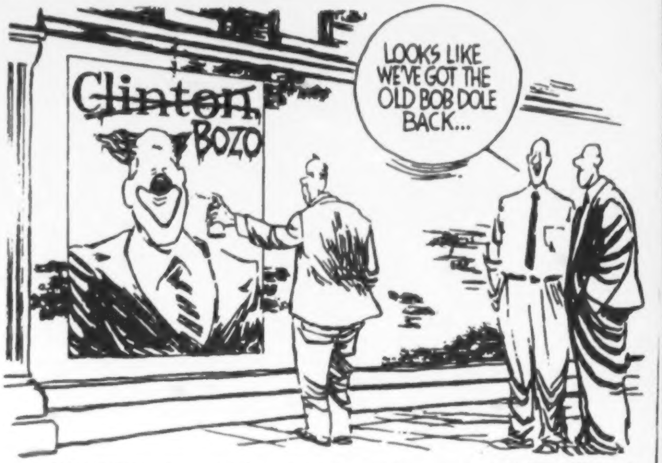
45-P: Dole (with pencil firmly in hand at podium), asks Clinton at adjacent podium to "raise your hand and swear you

ILLUSTRATIONS II (Left Able Hand)


DOLE '96
"He'll handle all the arrangements"
WHADDAYA THINK? IT RADIATES COMPETENCE, AND IT CAPTURES HIS PERSONA!
DOLE-FULL

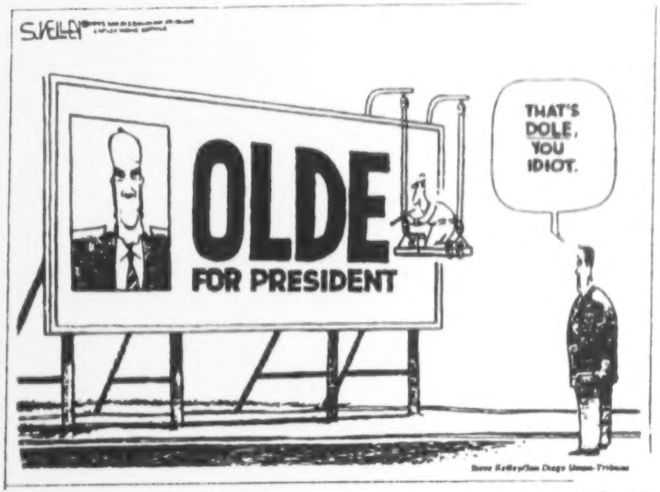
NATIONAL REVIEW / APRIL 8, 1996

26-N

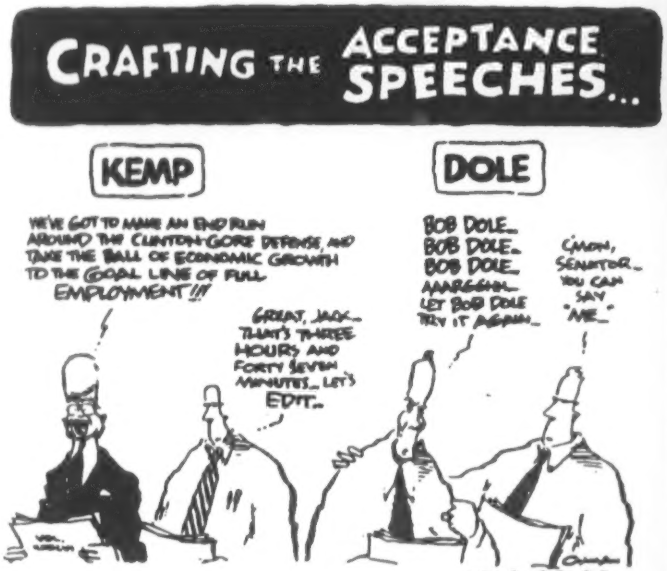

~~Clinton~~ BOZO
LOOKS LIKE WE'VE GOT THE OLD BOB DOLE BACK...

OCTOBER 21, 1996 NEWSWEEK © 1996 RABIN—TIMES UNION

27-N

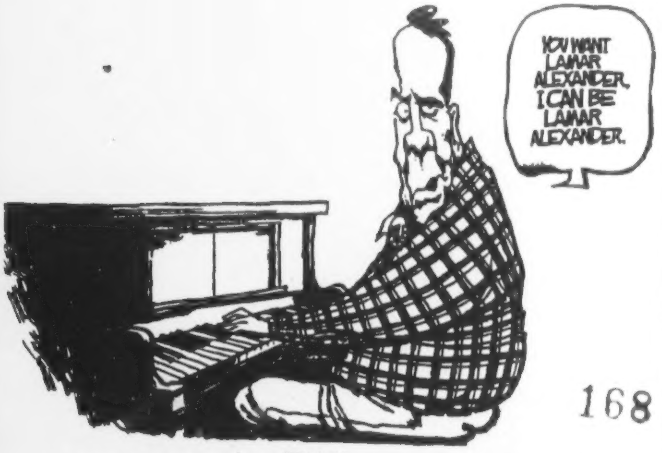

S.KELLEY
OLDE FOR PRESIDENT
THAT'S DOLE, YOU IDIOT.
Steve Kelley/San Diego Union-Tribune

28-N


CRAFTING THE ACCEPTANCE SPEECHES...
KEMP
WE'VE GOT TO MAKE AN END RUN AROUND THE CLINTON-GORE DEFENSE, AND TAKE THE BALL OF ECONOMIC GROWTH TO THE GOAL LINE OF FULL EMPLOYMENT!!!
GREAT, JACK... THAT'S THREE HOURS AND FORTY SEVEN MINUTES... LET'S EDIT...
DOLE
BOB DOLE... BOB DOLE... BOB DOLE... AAARGGHH... LET BOB DOLE TRY IT AGAIN...
C'MON, SENATOR... YOU CAN SAY "ME"...

NR 9-16-96

29-N


YOU WANT LAMAR ALEXANDER, I CAN BE LAMAR ALEXANDER.

MARCH 4, 1996 NEWSWEEK © 1996 BORGMAN—CINCINNATI ENQUIRER

30-N

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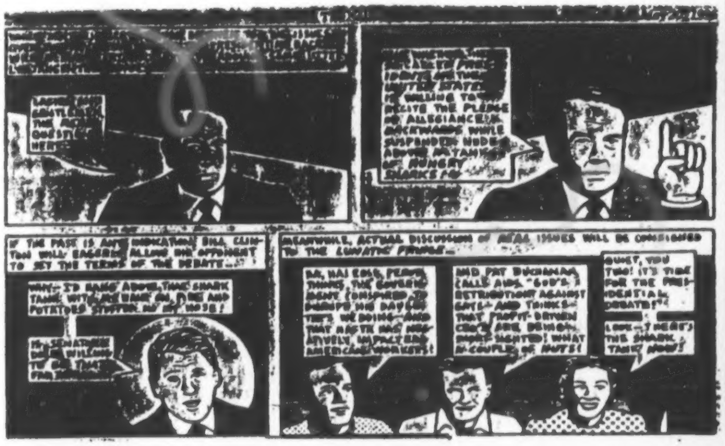
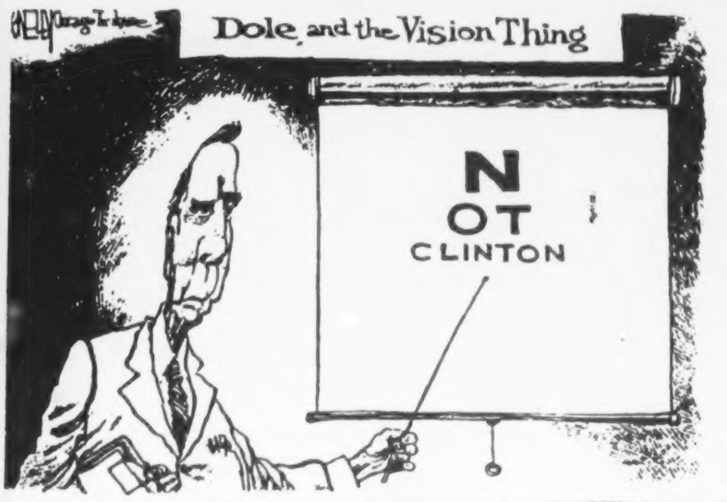

IF THE PAST IS ANY INDICATION, BILL CLINTON WILL EAGERLY ALLOW HIS OPPONENT TO SET THE TERMS OF THE DEBATE...
MEANWHILE, ACTUAL DISCUSSION OF REAL ISSUES WILL BE CONSIGNED TO THE LUNATIC FRINGE...
QUIET, YOU TWO! IT'S TIME FOR THE PRESIDENTIAL DEBATE!
LOOK—THERE'S THE SHARK TANK NOW!

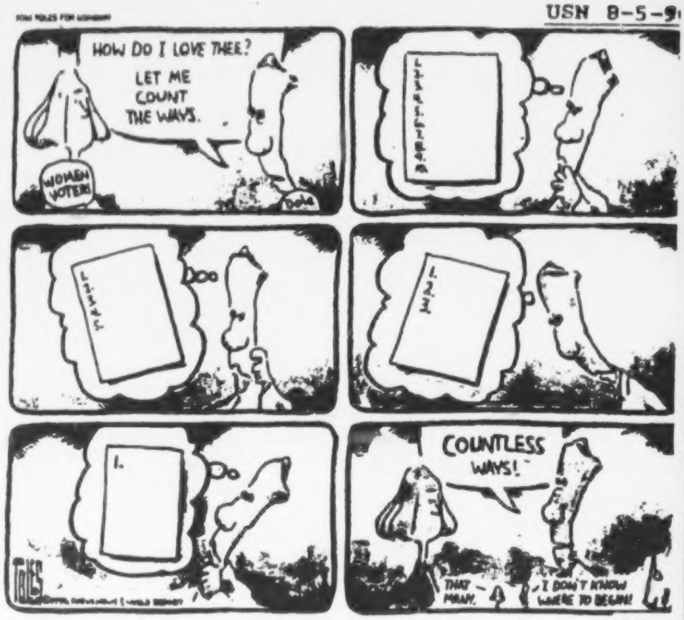
31-P


Dole and the Vision Thing
N
OT
CLINTON

NATIONAL REVIEW / APRIL 22, 1996

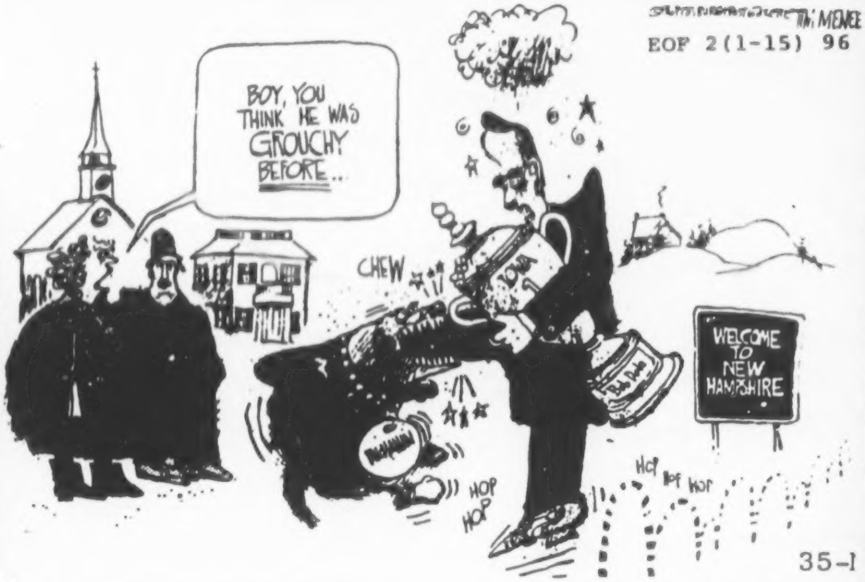
32-P

USN 8-5-9

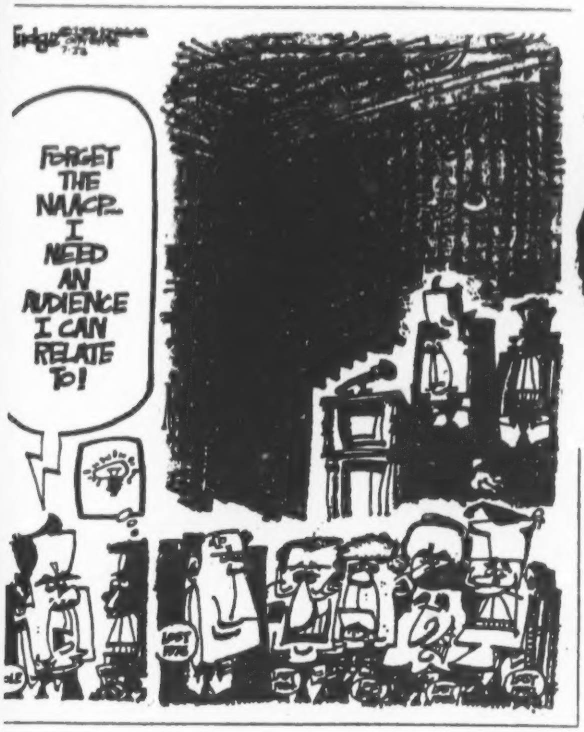

HOW DO I LOVE THEE?
LET ME COUNT THE WAYS.
WOMEN VOTERS
Dole
1.
2.
3.
1.
COUNTLESS WAYS!
THAT MANY.
I DON'T KNOW WHERE TO BEGIN!
TOLES

33-

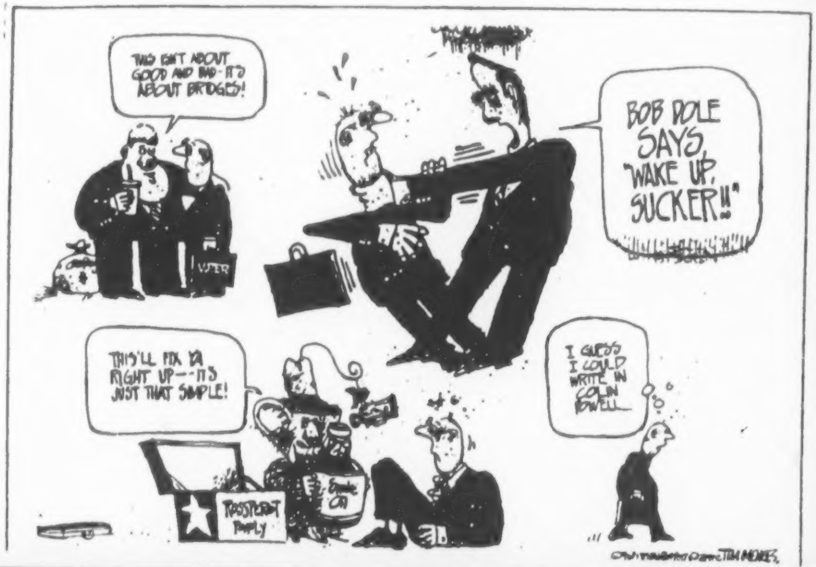
EOF 2(1-15) 96


TIM MENEE
BOY, YOU THINK HE WAS GROUCHY BEFORE...
CHEW
DOLE
Bob Dole
WELCOME TO NEW HAMPSHIRE
HOP
HOP
HOP
HOP
HOP

35-


FORGET THE NAACP... I NEED AN AUDIENCE I CAN RELATE TO!

34-N


THIS ISN'T ABOUT GOOD AND BAD-IT'S ABOUT BRIDGES!
VOTER
BOB DOLE SAYS, "WAKE UP, SUCKER!!"
THIS'LL FIX YA RIGHT UP--IT'S JUST THAT SIMPLE!
ROSS PEROT SUPPLY
Snake Oil
I GUESS I COULD WRITE IN COLIN POWELL
TIM MENEE

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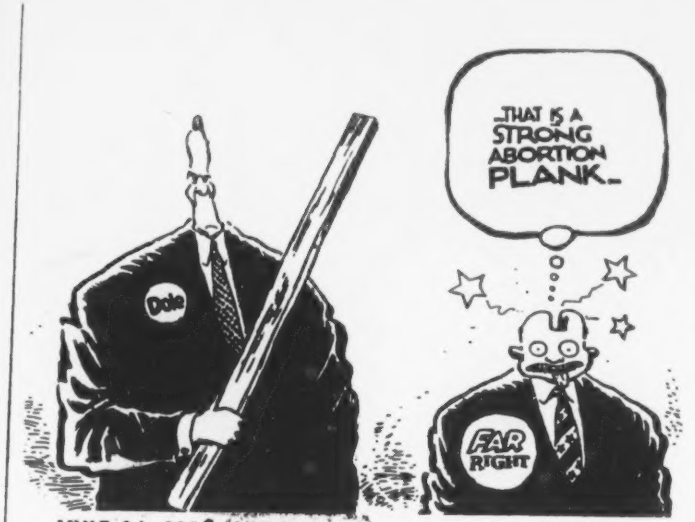
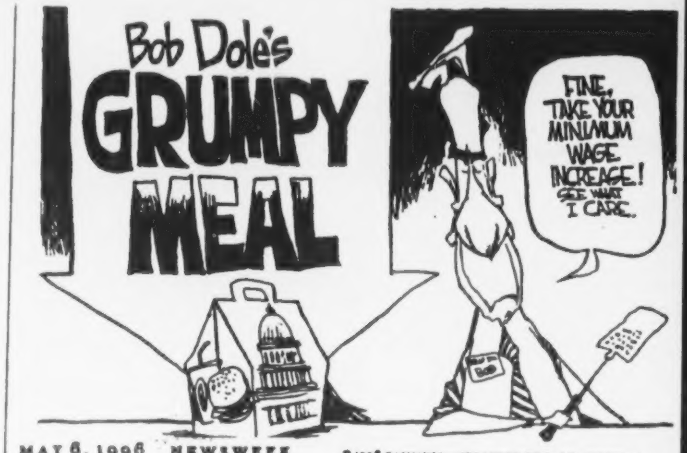
ILLUSTRATIONS III (Right Disabled Hand)


Dole
THAT IS A STRONG ABORTION PLANK...
FAR RIGHT

JUNE 24, 1996 NEWSWEEK

© 1996 OHMAN—OREGONIAN

37-N


Bob Dole's GRUMPY MEAL
FINE. TAKE YOUR MINIMUM WAGE INCREASE! SEE WHAT I CARE.

MAY 6, 1996 NEWSWEEK

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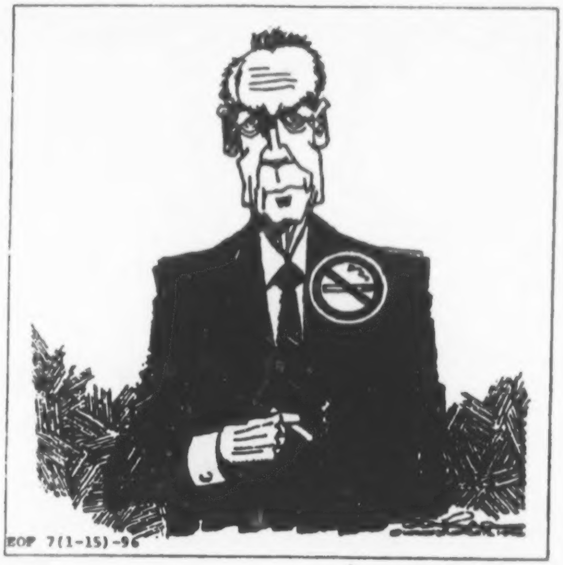
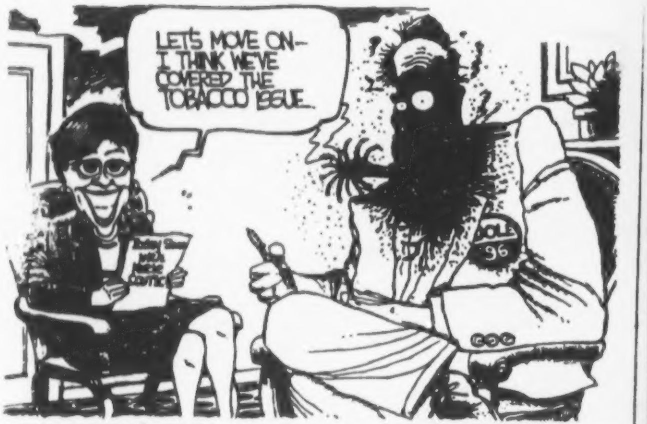
38-



EOP 7(1-15)-96

39-N


LET'S MOVE ON— I THINK WE'VE COVERED THE TOBACCO ISSUE...
DOLE 96

JULY 15, 1996 NEWSWEEK © 1996 MARKSTEIN–MILWAUKEE JOURNAL SENTINEL

40-N

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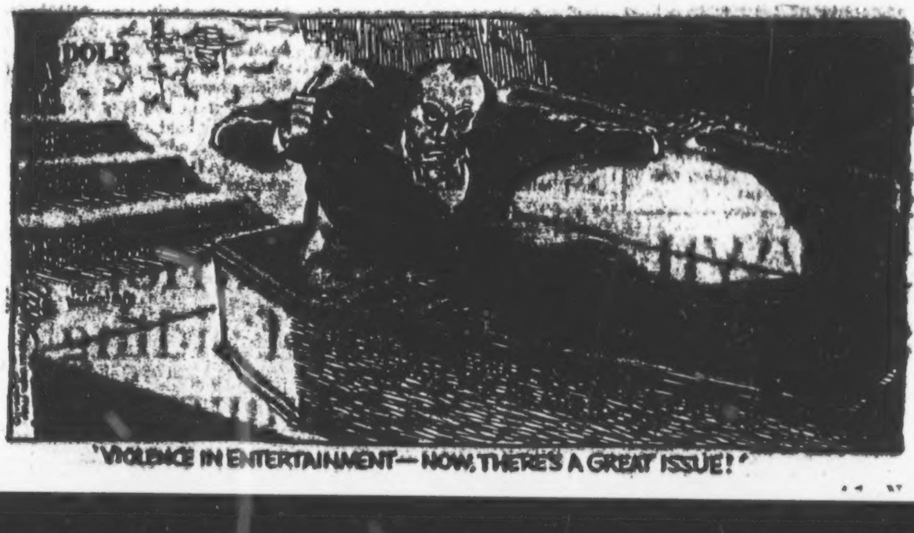
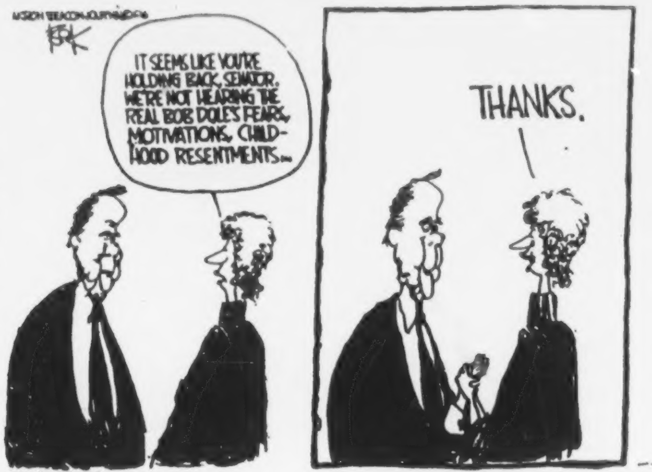
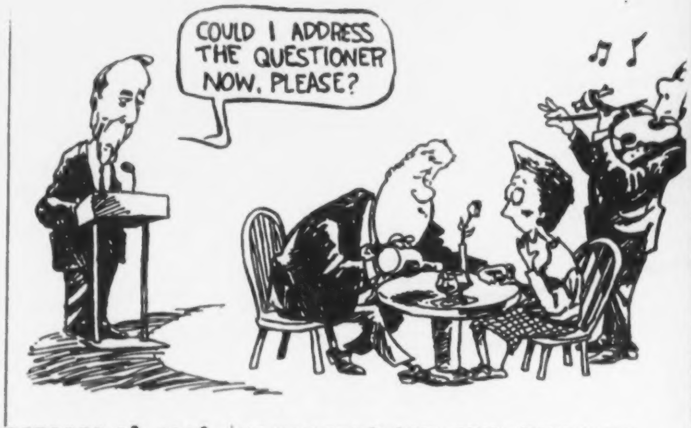


"VIOLENCE IN ENTERTAINMENT— NOW, THERE'S A GREAT ISSUE!"

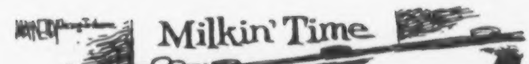

AKRON BEACON JOURNAL ©96
IT SEEMS LIKE YOU'RE HOLDING BACK, SENATOR. WE'RE NOT HEARING THE REAL BOB DOLE'S FEARS, MOTIVATIONS, CHILDHOOD RESENTMENTS...
THANKS.
NR 4-22-96

42-P

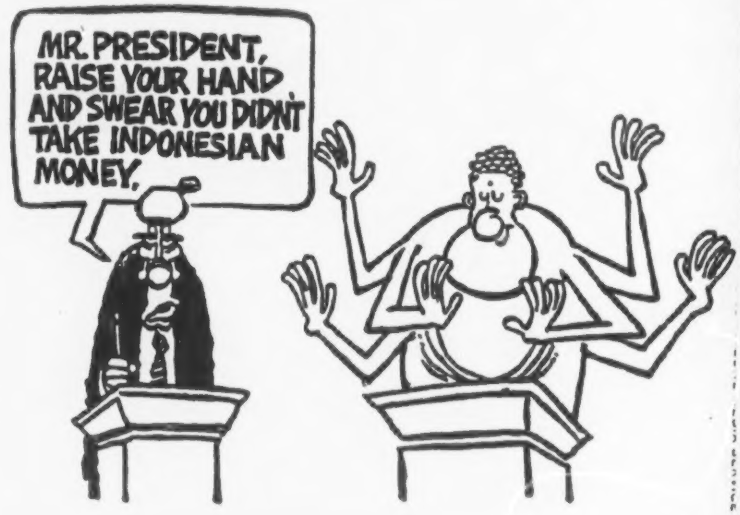

COULD I ADDRESS THE QUESTIONER NOW, PLEASE?

OCTOBER 28, 1996 NEWSWEEK ©1996 NICK ANDERSON – COURIER JOURNAL

43-N

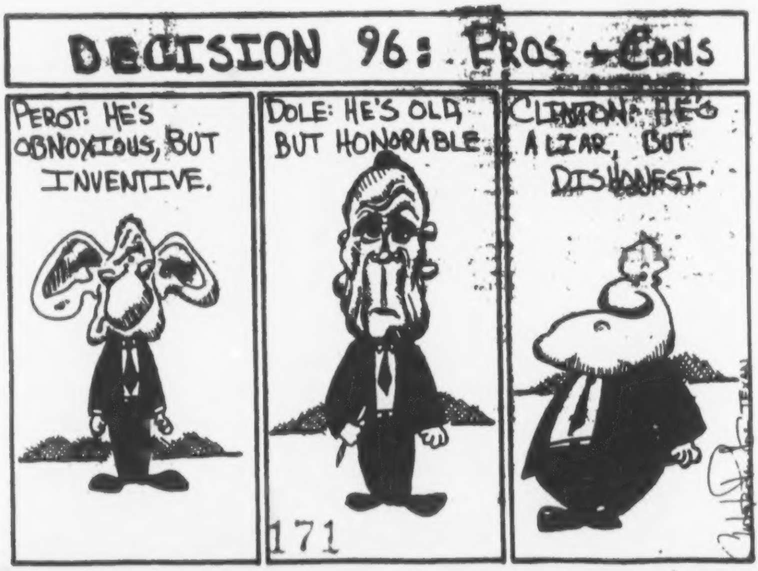

Milkin' Time
GAS
PRICES

44-P


MR. PRESIDENT, RAISE YOUR HAND AND SWEAR YOU DIDN'T TAKE INDONESIAN MONEY.

BEST COPY AVAILABLE

45-I


DECISION 96: PROS + CONS
PEROT: HE'S OBNOXIOUS, BUT INVENTIVE.
DOLE: HE'S OLD BUT HONORABLE.
CLINTON: HE'S A LIAR, BUT DISHONEST.

didn't take Indonesian money". Clinton raises six hands from his body.

46-P: Even if Perot was "obnoxious", Clinton a "liar"and "dishonest", and Dole "honorable", Dole was still pictured as old !

ILLUSTRATIONS IV:(Head Only)

47-N: Dole as Darth Vader, scary, deceptive mask as "class clown" destined to foolish failure.

48-N: Dole on Halloween--Trick or Treat mask for Clinton to scare an aged woman ("The Ol' Bat") with cuts or elimination of medicare. (Gore wore a Newt Gingrich mask).

49-N: Black masked,smoking, NRA female with bullet vest in bed with aged Dole, a critic of "too much sex and violence in Hollywood !"

50-N: Head of Dole on a buffalo as "dour downbeatus doldrumus"(with Clinton on a chamaleon and Perot on a porcupine).

51-N: Head of Dole on a parrot repeatedly calling Clinton a liberal, as Elizabeth Dole says Americans "are finally starting to see the warm and wonderful" Dole she knows and loves.

52-N: Head of Dole on the body of a dog being walked by elephant with a donkey walking Clinton as a dog, but it is the old Dole, who is urged to "look frisky".

53-N: Head of Dole in space capsule yelling as his competitor Buchanan

54-N: Helpless, disabled, Dole in back seat of long, driver-less limousine, weak, alone, not in control, unable to drive GOP toward balanced budget amendment

55-N: Old Dole phoning young, victorious Olympics women gymnasts to find a vice-presidential running mate "with courage, youth ....who is adored by all America."

56-N: Dole with hands in his pockets in bermuda shorts on beach with bare, skinny legs not matching his suited head and shoulders is viewed as "at least...trying to loosen up his image".

57-P: An overly positive, unrealistic Dole without any disability lacks the usual sour, mean facial image, but with outstretched and open able hands, Dole is standing over an outline of a dead body drawn to symbolize Dole's and the Senate's rejection of Clinton's proposed surgeon general, Dr. Foster. Again, death dominates the cartoon caricature of Dole.

ILLUSTRATIONS V: (No Body)

58-N: Space ship finds "No life" at Dole headquarters.

59-N: "CPR" proposed by Dole strategists amidst cobwebs and skulls on the desert.

60-N: "Impossible"for Dole to win as skies darken at the movie box office even before the nomination.

61:P: Age is still an issue, but Democrats' donkey is hypocritical saying Clinton and Christopher Reeve oppose discimination "of any kind", yet Dole is too "OLD" to be president.

62-N: Aged couple in bed favor Dole while ignoring young Democrat Bill Bradley on TV.

63-P: The exaggeration of Dole's disability is shown by jailer Clinton reporting escapee Dole as "one-armed" and "dangerous".

ILLUSTRATIONS VI: "The Fall"

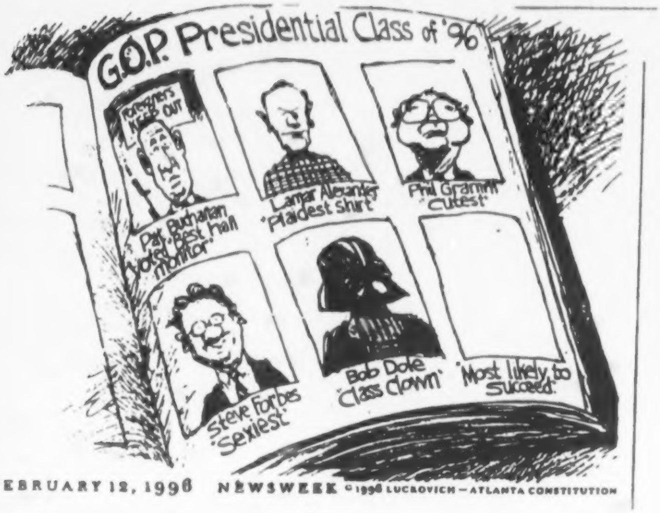
When Dole grasped an unstable hand rail in September 1996 on a public platform during his campaign in California, he fell, but quickly got up without injury after his speech had attacked drug use in movies. The Washington Post published a photo of Dole lying briefly on his back on the ground on page one in four colmns above the fold.The Post got more than 100 calls complaining of such pictorial treatment of "a dignified older man with a disability".(ILLUSTRATION VI)

Other media played the story and photo variously, and journalists were divided over the ethics of such publication.(Canellos & Scales).The reproduced and parodied fall continued on Saturday Night Live (which had poked fun at President Ford's falls), and Dole himself made jokes about his fall, saying he registered big on the earthquake scale in California, and was merely trying to do the new Democratic dance The Macarena. Aged jokes on "I've fallen and I can't get up" re-appeared.

Post editors defended the prominent photo-play as a professional news judgment on an event that was news which had "happened", and was a powerful "story"(Thomas). A smaller photo below had shown a smiling Dole after he got to his feet safely. Some thought his recovery was less publicized than his fall.The younger Clinton also fell later in March 1997 down stairs in a private home in Florida. The incident was not photographed, but his crutches and recuperation were. and Clinton shortly was reported (NBC news, March 30, 1997) to be more sensitive and with new respect for the disabled, which was welcomed by disabiity activists, who had criticized Clinton for lack of health coverage for the disabled and his decision not to appoint a cancer patient to the federal appeals court.(Russell).

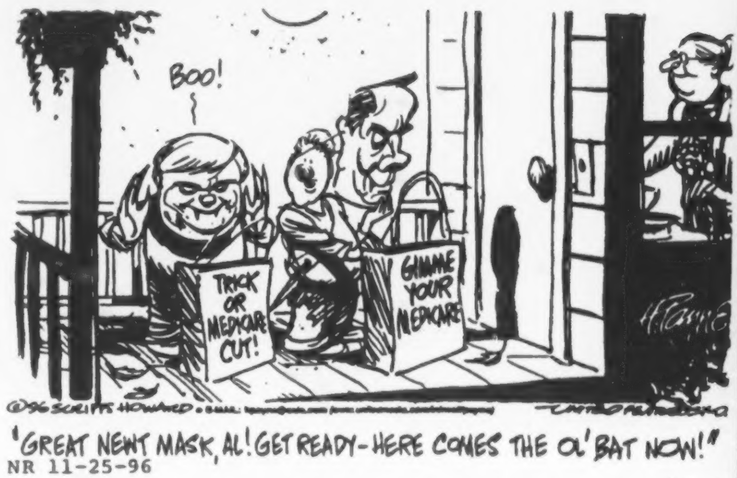
Perhaps not ironically, the art of cartoons was to perhaps imitate the news of life. (ILLUSTRATIONS VI) Post cartoonist Oliphant in 1995 drew a syndicated cartoon (64-N) showing Dole as Dracula lying in a coffin saying "I'll be back" to battle for the defeated balanced budget amendment. Note the similarity of his cartoon and the Post photograph of Dole on the ground months later. Similarly, After the Dole fall, the Arkansas Democrat-Gazette caricaturized Dole inaccurately in a walker in October 1996 during one of the

ILLUSTRATIONS IV (Head Only)


G.O.P. Presidential Class of '96
FOREIGNERS KEEP OUT
Pat Buchanan Voted Best Hall Monitor
Lamar Alexander "Plaidest Shirt"
Phil Gramm "Cutest"
Steve Forbes "Sexiest"
Bob Dole "Class Clown"
"Most likely to Succeed"
©1996 LUCKOVICH – ATLANTA CONSTITUTION

FEBRUARY 12, 1996 NEWSWEEK

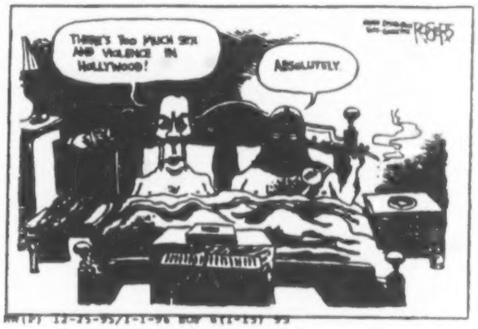
47-N


BOO!
TRICK OR MEDICARE CUT!
GIMME YOUR MEDICARE
©96 SCRIPPS HOWARD
H. Payne

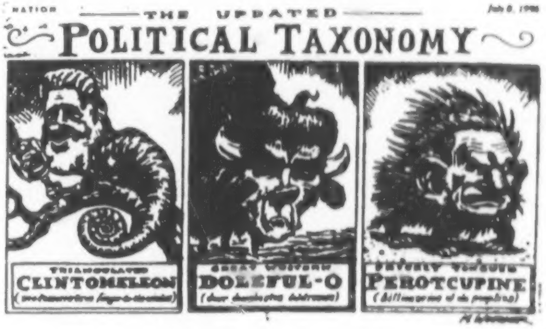
"GREAT NEWT MASK, AL! GET READY- HERE COMES THE OL' BAT NOW!"

NR 11-25-96

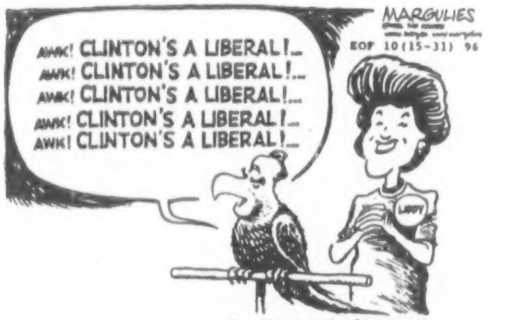
48-N


THERE'S TOO MUCH SEX AND VIOLENCE IN HOLLYWOOD!
ABSOLUTELY.
ROGERS

49-N


NATION
THE UPDATED
POLITICAL TAXONOMY
CLINTOMELEON
DOLEFUL-O
PEROTCUPINE

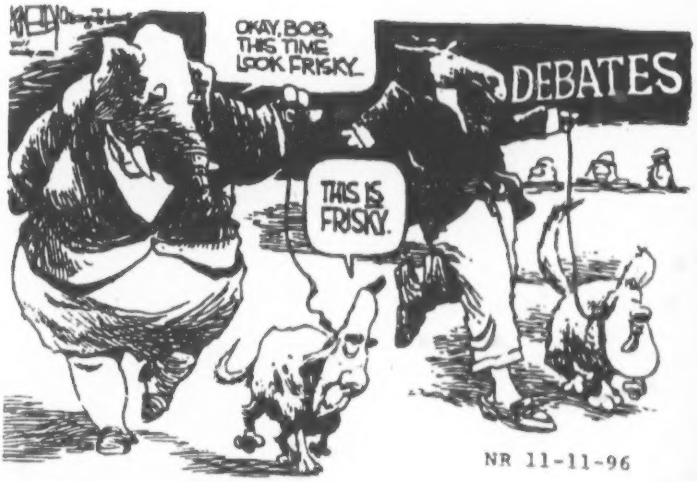
50-N


AWK! CLINTON'S A LIBERAL!...
AWK! CLINTON'S A LIBERAL!...
AWK! CLINTON'S A LIBERAL!...
AWK! CLINTON'S A LIBERAL!...
AWK! CLINTON'S A LIBERAL!...
MARGULIES

EOP 10(15-31) 96

"The American people are finally starting to see the warm and wonderful Bob Dole I know and love..."

51-N


OKAY, BOB, THIS TIME LOOK FRISKY.
THIS IS FRISKY.
DEBATES

NR 11-11-96

52-N

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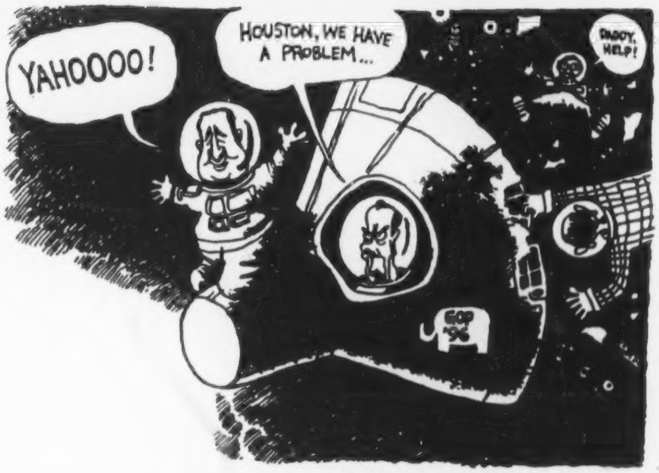
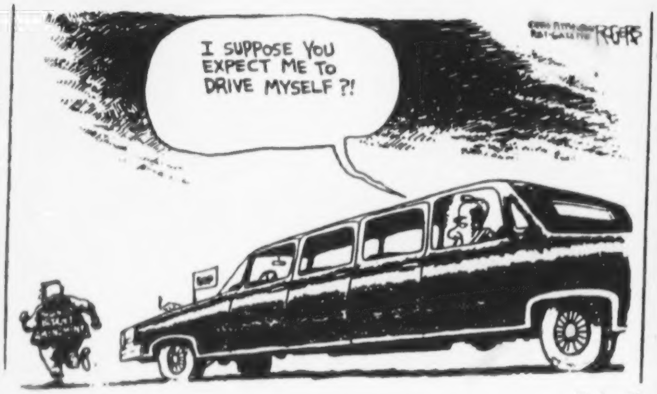
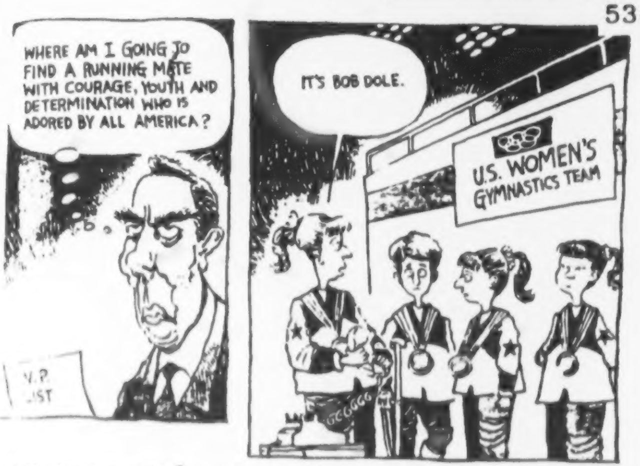

YAHOOOO!
HOUSTON, WE HAVE A PROBLEM...
DADDY, HELP!
GOP '96

© 1996 ROGERS — PITTSBURGH POST-GAZETTE

53-N


ROGERS
I SUPPOSE YOU EXPECT ME TO DRIVE MYSELF ?!

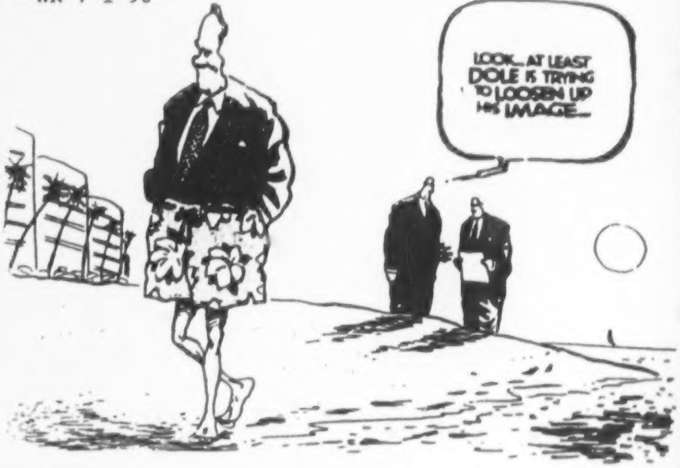
54-N


WHERE AM I GOING TO FIND A RUNNING MATE WITH COURAGE, YOUTH AND DETERMINATION WHO IS ADORED BY ALL AMERICA?
V.P. LIST
IT'S BOB DOLE.
U.S. WOMEN'S GYMNASTICS TEAM
GGGGGG

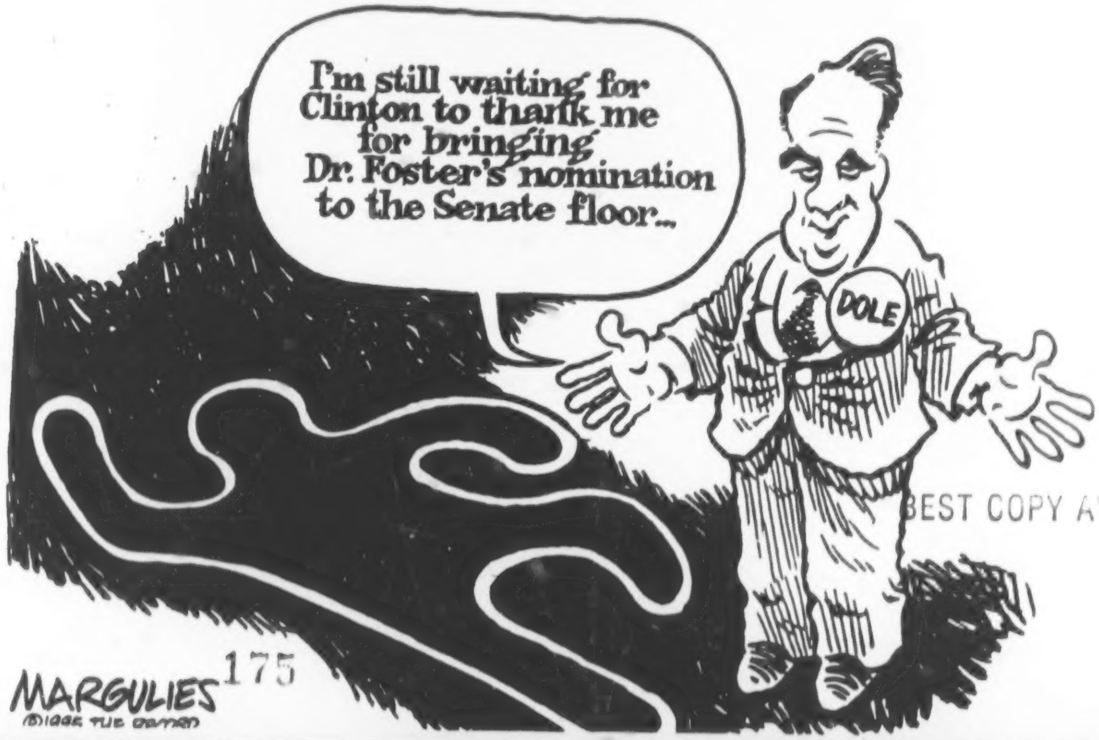
AUGUST 5, 1996 NEWSWEEK © 1996 ROGERS — PITTSBURGH POST-GAZETTE

55-N

NR 7-1-96


LOOK... AT LEAST DOLE IS TRYING TO LOOSEN UP HIS IMAGE...

56-N


I'm still waiting for Clinton to thank me for bringing Dr. Foster's nomination to the Senate floor...
DOLE
MARGULIES

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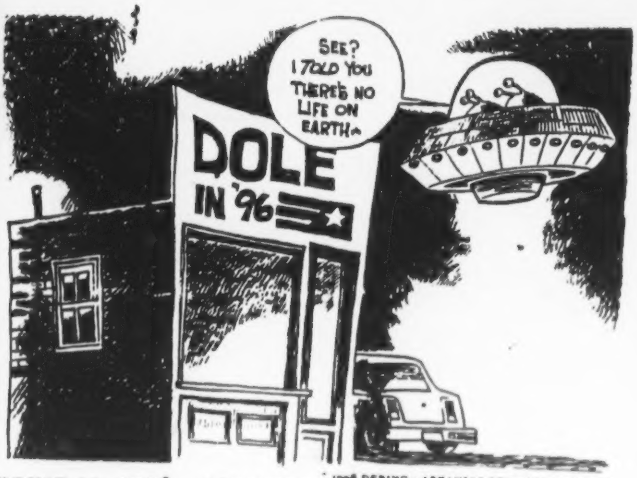
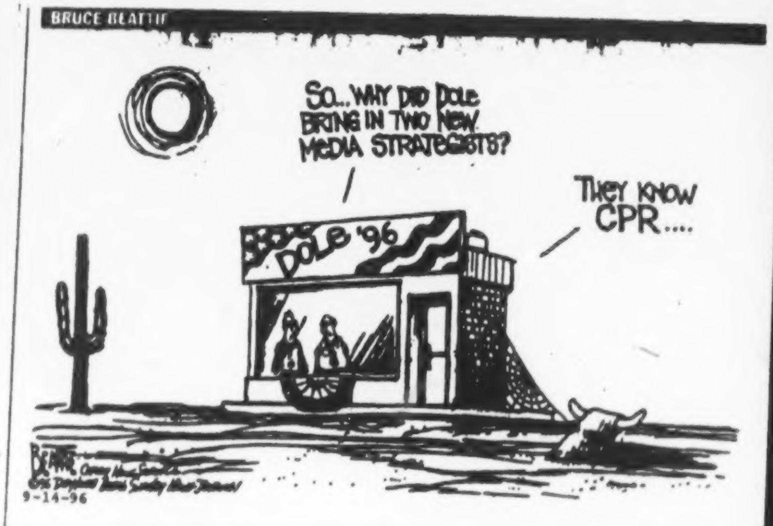
ILLUSTRATIONS V (No Body)


SEE? I TOLD YOU THERE'S NO LIFE ON EARTH...
DOLE IN '96

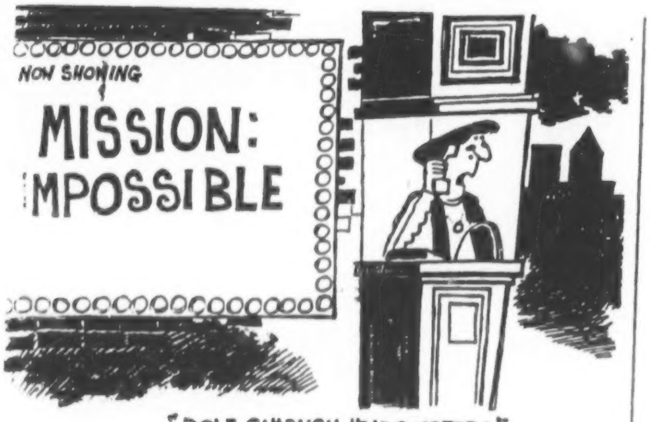
UGUST 19, 1996 NEWSWEEK ©1996 DEERING—ARKANSAS DEMOCRAT-GAZETTE

58-N


BRUCE BEATTIE
SO... WHY DID DOLE BRING IN TWO NEW MEDIA STRATEGISTS?
THEY KNOW CPR....
DOLE '96
BEATTIE

9-14-96

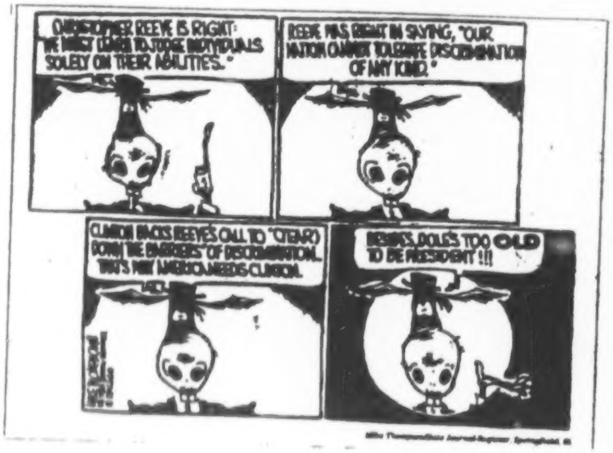
59-N


NOW SHOWING
MISSION: IMPOSSIBLE

"DOLE CAMPAIGN HEADQUARTERS"

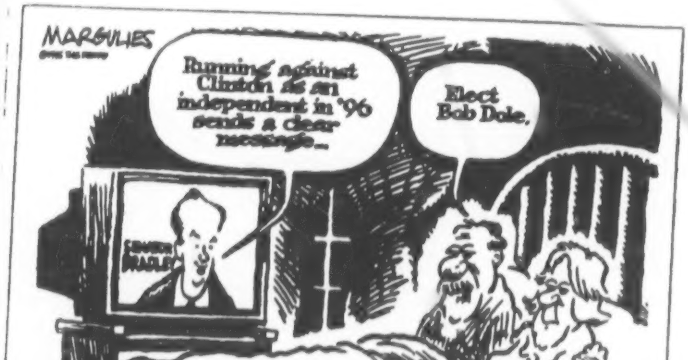
JUNE 3, 1996 NEWSWEEK ©1996 DEERING—ARKANSAS DEMOCRAT-GAZETTE

60-N


CHRISTOPHER REEVE IS RIGHT: "WE MUST LEARN TO JUDGE INDIVIDUALS SOLELY ON THEIR ABILITIES."
REEVE WAS RIGHT IN SAYING, "OUR NATION CANNOT TOLERATE DISCRIMINATION OF ANY KIND."
CLINTON BACKS REEVE'S CALL TO "(TEAR) DOWN THE BARRIERS" OF DISCRIMINATION. THAT'S WHY AMERICA NEEDS CLINTON.
BESIDES, DOLE'S TOO OLD TO BE PRESIDENT!!!

Mike Thompson/State Journal-Register, Springfield, Ill.

61-P


MARGULIES
Running against Clinton as an independent in '96 sends a clear message...
Elect Bob Dole.
SENATOR BRADLEY

EOP 8(16-31) 95

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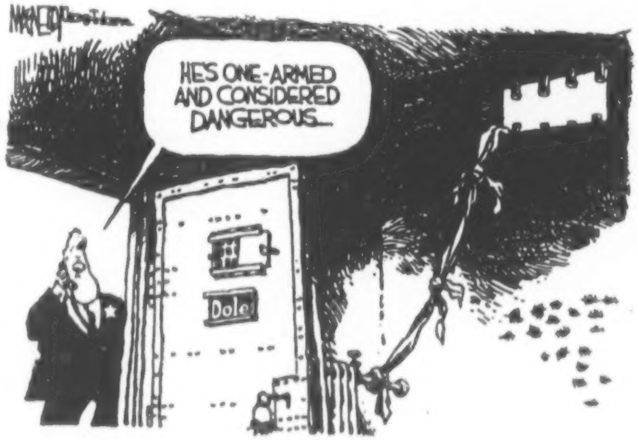
62-N


MARLETTE
HE'S ONE-ARMED AND CONSIDERED DANGEROUS...
Dole

JUNE 17, 1996 / NATIONAL REVIEW

63-P

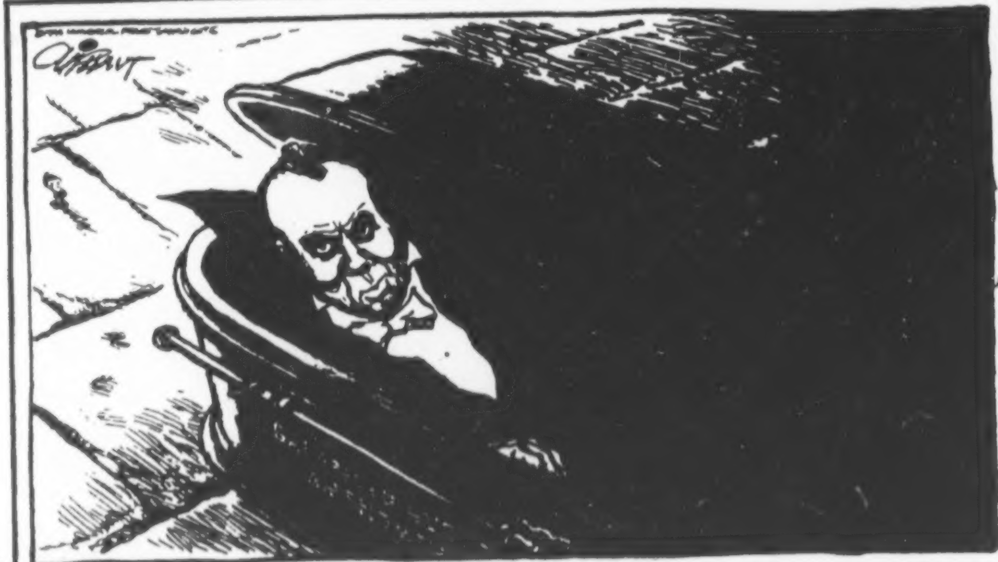
Washington Pos

THURSDAY, SEPTEMBER 19, 1996

ILLUSTRATIONS VI ("The Fall")

LIFE IMITATES ART ?
(news)   (opinion)
1996   1995

Robert J. Dole lies on the ground after falling about four feet from a stage in Chico, Calif. The GOP nominee tumbled when a railing gave way.



'I'LL BE BACK'

EOF 3 (1-15) 95

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LIFE IMITATES ART
(News Imitates Cartoons)

New York Times

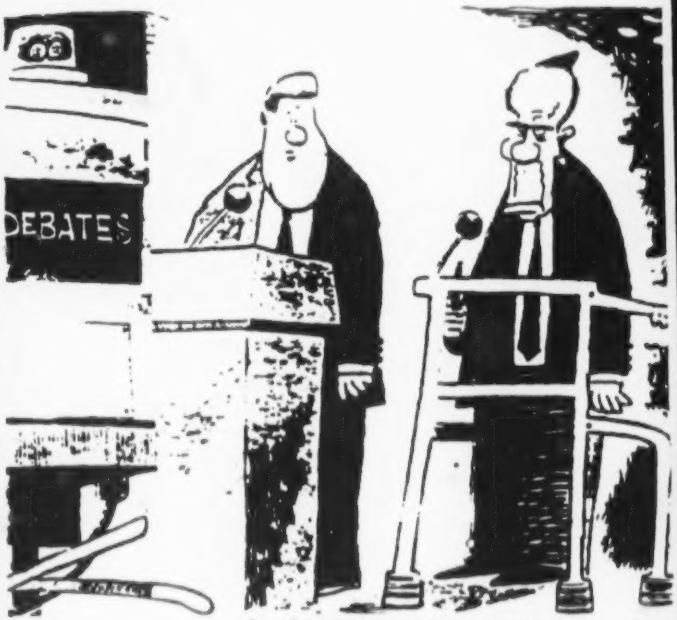
APRIL 9, 1997

Associated Press

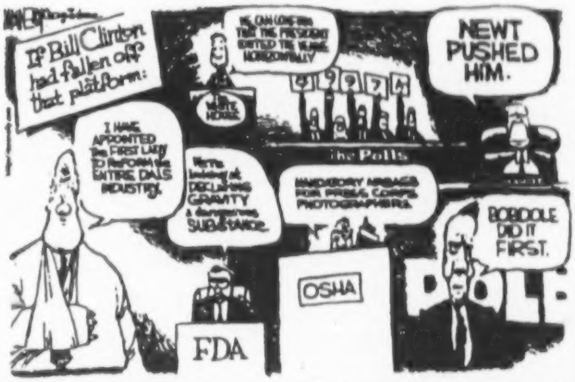
Clinton and the Laws of (Slow) Motion

President Clinton is known for his perpetual motion, but that has hanged since knee surgery. Still Mr. Clinton was in the Rose Garden esterday with Prime Minister Jean Chretien of Canada. Page A12.

LIFE IMITATES ART ?
(news) 1997 (opinion) 1996



© 1996 DEERING — ARKANSAS DEMOCRAT-GAZETTE
[illegible] 10-14-96


If Bill Clinton had fallen off that platform:
WE CAN CONFIRM THAT THE PRESIDENT EXITED THE STAGE HORIZONTALLY
WHITE HOUSE
NEWT PUSHED HIM.
the Polls
I HAVE APPOINTED THE FIRST LADY TO REFORM THE ENTIRE DAIS INDUSTRY.
We're looking at DECLARING GRAVITY a dangerous SUBSTANCE.
MANDATORY AIRBAGS FOR PRESS CORPS PHOTOGRAPHERS
BOBDOLE DID IT FIRST.
FDA
OSHA
DOLE

BEST COPY AVAILABLE

In Shape for the Big Run?

Three in 10 Americans think Bob Dole is too old for the presidency, but his medical records tell another story. At 73, he has lower blood pressure and a leaner body than the much younger Bill Clinton. Dole sleeps well, exercises regularly and (with the help of medication) maintains an enviable cholesterol count. He may qualify for Medicare, but his stats suggest he has the body of a 61-year-old.

TIM DILLON—USA TODAY

LARRY DOWNING FOR NEWSWEEK

	Bob Dole	Bill Clinton
Age Chronological	73 years	50 years
Physiological (based on current health status)	61 years	47 years
Height	6 feet	6 feet 2 inches
Weight	178 pounds (desirable: 140–184)	216 pounds (desirable: 148–195)
Body mass index (weight in relation to height; desirable: 19 to 25)	24	28
Total cholesterol (desirable: below 200)	154 mg/dl	191 mg/dl
HDL (good) cholesterol (higher is better, and anything less than 35 mg/dl is risky)	40 mg/dl (25th percentile)	36 mg/dl (25th percentile)
Blood pressure (desirable: below 140/90)	110/74	126/70
Resting pulse (slower is generally better)	70 (typical 73-yr.-old: 77)	55 (typical 50-yr.-old: 75)
Ten-year risks Heart disease	13% (typical 73-yr. old: 24%)	9% (typical 50-yr.-old: 14%)
Stroke	7% (typical: 14%)	3% (typical: less than 6%)
Alzheimer's disease	16% prevalence among 73- to 82- yr. olds	less than 3% prevalence among 50- to 59-yr. olds
Life expectancy	19 years (typical: 11 years)	30 years (typical: 27 years)

SOURCES: U.S. DEPT. OF HEALTH AND HUMAN SERVICES; AMERICAN HEART ASSOC.; JOURNAL OF THE AMERICAN MEDICAL ASSOC.; DR. MICHAEL ROIZEN, MEDICAL INFORMATICS

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presidential debates with Clinton.(13-N).Note the similarity of that cartoon to the page one New York Times photo of Clinton with crutches six months later.Ironically, Clinton was also shown in a cartoon with his right arm in a sling after Dole fell. The artists said if Clinton had fallen like Dole, he would have had the government investigate "the entire dais industry"; that Gephardt said Gingrich had pushed Dole; and that Dole bragged he fell first.(65-P).

Discussion/Conclusion:

Not one of the 65 cartoons gave any hint as to when and how Dole sustained his disability, and even positive (non-stereo-typical) drawings used no military or patriotic symbols, but ironically used guns and explosives.

In the cartoons showing both Dole hands, he is pictured as mean, cruel, violent, explosive; out-of-date, out-of shape, and out-of-touch with the young; ugly, grumpy, tottering, unstable, erratic and above all---old, with little connection between chronological age and his physical and mental abilities and his beliefs and policies. Even the real life use of his body is misrepresented

In the depiction of Dole's able left hand, cartoonists continue to emphasize Dole is mean, violent, angry, unforgiving, vengeful, out of touch with youth, women and minorities, and as dead or dying

Ewen in the depiction of his diabled right hand, Dole is pictured as personally explosive, violent, unpleasant, the symbol of evil and death, and even when cartoonists lean toward a positive image, Dole is still presented as old !

Most of the cartoons showing only the head and face of Dole emphasized a cold, mean, sexless countenance, with numerous distortions via masks, and non-humans.
Cartoons of Dole without showing his body tend to be more positive than when he or a part of him is shown, but the themes of age, sex and death remain, with a sense of hopeless and helpless desperation.

Age may becoming an acceptable press and public stereotype of the disabled., as it's OK to make fun of the disabled if they are old. With age as a disability, cartoonists could veil and hide any prejudice or fear of the disabled and at the same avoid any conection between Dole's age and the merits of his political positions. It is worth noting that the Nation was most critical of Dole as a war hero, but avoided the disabled and age stereotypes and dealt more with issues. It thereby netted mostly positive ratings on cartoons; although it did depict Dole as Forrest Gump, more perhaps for his jogging than for any image of being mentally impaired, which also did not bother the Disability Rag's reprint of it as a criticism of Dole's record on disabled rights.

The cartoons fit the pattern of presidential image politics and ironies abound for un-drawn cartoons: The slim, dark-haired, ex-smoker Dole quickly got up after his fall, used no crutches like Clinton and accelerated his campaign of moderate centrist politics (borrowed by the heavier Clinton), who smokes (and uses) cigars. As for memory loss, Clinton was known for selective recollections (about the draft and adultery), while wounded war veteran Dole supposedly remembers too much about his own past. Dole forgot that Truman was dead and that the Dodgers were in LA, but the First Lady claimed she spoke to the deceased Eleanor Roosevelt and those Brooklyn baseball fans never want to forget their Dodgers.

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